NAFOPHANU STRATEGIC PLAN

2013-2018

August 2013

CHAIRMAN'S FOREWORD

The National Forum of PLHIV Networks in Uganda (NAFOPHANU) was established in May 2003 with a country wide mandate as an umbrella organization for People Living with HIV&AIDS (PLHIV) to provide systematic and all inclusive coordination structure for PLHIV networks, associations and support groups in order to play advocacy, policy and decision making roles in the HIV&AIDS partnership. This was after identification, acknowledgement and recognition of gaps among PLHIV initiatives in the National Response. Since inception, NAFOPHANU has steadily grown as a Self Coordinating Entity (SCE) under the Uganda HIV&AIDS Partnership as coordinated by Uganda AIDS Commission, mobilized and sub-granted resources to its networks, championed advocacy agenda for the PLHIV movement, stigma reduction and promotion of rights of PLHIV, partnered with various stakeholders for improved HIV&AIDS service delivery and built capacity of its networks in various skills.

NAFOPHANU has just concluded implementation of a 3 year Strategic Plan (20008/2012) which has provided a learning experience for the development of a new Strategic Plan for 2013/2018. The successes of the outgoing Strategic Plan have been consolidated for replication. We continue to remind ourselves that HIV is still a major national and society concern that requires active participation of all the different players. Meaningful participation of PLHIV as key stakeholders remains a crucial area in this response that requires proper coordination and strengthening structures of PLHIV at all levels. The new Strategic Plan therefore brings forward new innovative approaches based on current trends in HIV prevalence, policy research and previous implementation all aimed at enhancing voice and accountability for PLHIV in the National response.

I applaud the continuous support of all the AIDS Development Partners, Donors, Civil Society, Faith Based Organisations, the Private Sector and all Stakeholders. With your continued support, I trust that NAFOPHANU will use the new Strategic Plan to further contribute to the national HIV and AIDS Response in a more significant way.

Together for a positive difference.

Mr. Fred Barongo

Chairman Board of Directors
National Forum of PLHIV Networks in Uganda

ACKNOWLEDGEMENTS

The strategic planning process benefited from experiences, technical knowledge and leadership of different stakeholders who worked hard to make this strategic plan a reality. NAFOPHANU owes a debt of gratitude to all stakeholders who participated in various ways in the planning processes. We would like thank Uganda AIDS Commission in a special way for having funded this activity, UNAIDS for the Technical support not forgetting members of the Technical Working Group, the Consultant Mr Ignatius Odongo, NAFOPHANU Networks and staff for making this work a reality.

Management

National Forum of PLHA Networks in Uganda

EXECUTIVE SUMMARY

Introduction

This Strategic Plan (2013-2018) replaces the out-going Strategic Plan (2010-2012) which had been guiding NAFOPHANU's strategic and programmatic efforts. This new plan responds to the new realities of HIV&AIDS in Uganda and in particular, brings to the forefront the issues surrounding PLHIV, while being aligned to the national response. The new strategic plan highlights the following strategic thrust: access to services by PLHIV; sustainable livelihood for PLHIV; and the capacity of PLHIV forums and networks. With this strategic thrust, NAFOPHANU will be able to put the welfare of PLHIV at the forefront of her interventions thus making a meaningful contribution to the national fight against the HIV&AIDS epidemic. While doing these, the plan also pays attention to the organisational capacity of NAFOPHANU, in particular, strengthening aspects of management and governance. It is expected therefore that this plan will act as a road map for the efforts of the PLHIV constituency in Uganda for the next 5 years.

Context of the new strategic plan

The new strategic plan has been developed within the context of the HIV&AIDS situation in Uganda, which according to the findings from the 2011 National HIV Indicator Survey announced recently shows that the prevalence rates i.e. proportion of Ugandans, aged between 15-49, who are infected with HIV has risen and now stands at 7.3% (and even higher in women at 8.3%), up from 6.4% in the 2004-05 survey. The primary concern in Uganda is that the number of new infections has been rising steadily: from 124,000 in 2009; through 128,000 in 2010; and now to approximately 145,000 in 2011. By all indications, there will be a higher number of new infections year after year. This rising number of new infections exceeds the annual number of patients enrolled into anti-retroviral treatment by two-fold. If this status quo continues, the HIV burden in Uganda is projected to increase by more than 700,000 new infections over the next five years, including an estimated 25,000 unfortunate babies born with the infection each year, through no fault of their own. This trend is causing concern because in the early phase of the epidemic, Uganda scored impressive success when the whole nation got together in solidarity to fight the epidemic. As a result, both the prevalence rates (overall proportion of people infected), and more importantly, the number of new infections per year all came down.

In response to this negative trend, the Government of Uganda has intervened in a number of ways including: (a) development of the National HIV Prevention Strategy (2011-2015), which aims at mobilizing all people and institutions to work towards eliminating new HIV infections, putting an end to stigma and discrimination of any sort, and halting deaths from AIDS-related conditions by the year 2015; (b) development of the National HIV&AIDS Strategic Plan (2011/12 -2014/15), which is aligned to the National Development Plan (NDP) 2010-2015, and will galvanize and expanded, multi-sectoral, national response to the HIV epidemic; (c) development of the PMTCT and Care of Exposed Infants Scale-up Plan (2010-2015) which envisions a generation free of HIV and AIDS in Uganda by 2015 and focuses on virtual

elimination of HIV transmission from mother to child and reduction of mortality and morbidity among HIV positive women and HIV-exposed and infected infants; (d) development and review of other policies in related areas.
In order to operationalise these above plans and policies, the Government of Uganda has put in place an institutional framework that contains three key elements in the coordination of the national response framework. These elements include Uganda AIDS Commission and the HIV&AIDS Partnership that includes 12 Self-Coordinating Entities (SCEs): PLHIV, Parliament, National NGOs, International NGOs, Private Sector, Research, Academia & Sciences (RAS), Media, Art and Culture, Line Ministries, AIDS Development Partners (ADPs), Faith Based Organisations, Young People and Decentralised Response. At the highest level of Government is Office of the President. The Minister for the Presidency is responsible for providing policy advice to UAC. The SCEs coordinate the HIV&AIDS activities, play a policy advisory role to the UAC, provide a forum for collective oversight on the management of the NSP, as well as act as a link with UAC through the Partnership Committee (PC) and with support from the Partnership Fund. The Decentralised Response Coordination structures have the AIDS Committees and Task Forces from the district to the village levels as per local government structures. Both at national and district levels, NAFOPHANU has membership in coordination structures to ensure that issues of PLHIV feature prominently in the agenda of these coordination bodies.

Planning process

The development of this strategic plan involved three key phases that included: review of NAFOPHANU's performance against the out-going strategic plan; strategic planning workshop; and consolidation. The review of the out-going strategic plan that was done by management, members and stakeholders, concluded that NAFOPHANU had performed to a reasonable extent across all the strategic objectives albeit within challenges and limitations. The three perspectives on NAFOPHANU'S performance gave a balanced view on what was done well and what needed improvement over the last 3 years. What is of concern, however, was that most activities (with the exception of strengthening financial systems at the Secretariat), were either done partially or not done at all. The main reason attributed to this was lack of sufficient funds. This raised concerns about consistency, follow up and follow through of programming and implementation.

As part of the development of this strategic plan, a situation analysis was conducted that covered external, internal, stakeholders and risk analysis. The purpose of this analysis was to ascertain how the operating environment affects (or could affect) the current and future operations of NAFOPHANU. The following key issues emerged from this analysis:

- Need to increase access and utilization of HIV&AIDS comprehensive services by PLHIV in line with the national response;
- Need to strengthen social support mechanisms for PLHIV so that they can live productive and sustainable lives;
- Need to strengthen partnerships at all levels so as to provide a coordinated, efficient and well-resourced national response to HIV&AIDS;

- Need to strengthen and streamline the PLHIV structures at all levels so that they can play a meaningful role towards the fight against HIV&AIDS;
- Need to strengthen the organizational capacity of NAFOPHANU not only to coordinate the efforts of the PLHIV constituency but also to engage stakeholders at all levels for improved HIV&AIDS service delivery

NAFOPHANU's response to these and other issues form the bedrock of this strategic plan.

Strategic direction

Revised Mandate of NAFOPHANU:

The revised mandate of NAFOPHANU emanating from the strategic forum includes:

a) Provide a systematic and all-inclusive coordination structure for PLHIV district forums and National networks and play a policy and decision making role in the various programmatic and policy forums of HIV&AIDS and other related issues;
b) Continue strengthening capacity of the PLHIV district forums and National networks for advocacy, service delivery in the HIV & AIDS responses;
c) Identify and exploit opportunities for collaboration with SCEs, Local Governments and other stakeholders as a mechanism to implement the Greater/Meaningful Involvement of Persons Living with HIV/AIDS (G/MIPA) mandate;
d) Provide a systematic forum for peer support, sharing experiences and lessons learnt among Psycho social Support Group members and individuals; and
e) Strengthen HIV & AIDS related information generation, documentation and dissemination.

Vision of NAFOPHANU: People living with HIV able to live a quality and productive life in a sustainable manner.

Mission of NAFOPHANU: To spearhead and coordinate the efforts of PLHIV constituency so that they can live productive lives and effectively contributes to the national HIV&AIDS response.

NAFOPHANU's core values:

- ✓ Positive Living
- ✓ Integrity
- ✓ Professionalism
- ✓ Respect for human dignity
- ✓ Affirmative action
- ✓ Teamwork

These values are summarised using the acronym 'PIPRAT' for ease of memorisation.

Strategic Pillars, Objectives and Strategies:

This strategic plan is comprised of three pillars focussing on improving the welfare of PLHIV, strengthening member networks, and enhancing organisational capacity (critical enablers).

Strategic Pillar 1: PLHIV Welfare

Strategic Objective 1: Improve access and utilization of comprehensive services by PLHIV for improved quality of life

Strategic actions:

1.1.1 Put in place mechanisms to strengthen referral linkages that will improve access to services by PLHIV
1.1.2 Advocate and lobby for PLHIV-friendly services to scale up access and utilisation of services by PLHIV
1.1.3 Establish and build capacity of peer-support groups in order to provide support to PLHIV and their families
1.1.4 Promote home-based care programmes for PLHIV and their families
1.1.5 Undertake community engagements so as to mobilise support for HIV&AIDS interventions
1.1.6 Increase paediatric treatment, care and support
1.1.7 Sustain a stigma reduction programme in service provision
1.1.8 Involve FBOs and cultural institutions in HIV&AIDS advocacy and stigma reduction
1.1.9 Accelerate a comprehensive treatment literacy programme

Strategic Pillar 1: PLHIV Welfare

Strategic Objective 2: Enhance sustainable livelihood for PLHIV households

Strategic actions:

1.2.1 Mobilize resources to boost PLHIV IGAs so as to guarantee their income and livelihood
1.2.2 Provide nutritional education to PLHIV households so as to improve their nutritional status
1.2.3 Build capacity of PLHIV households in IGA management so that they can run their activities in a sustainable manner
1.2.4 Promote formation of sustainable saving mechanisms for PLHIV so as to promote savings and investment for better livelihoods

Strategic Pillar 2: Strength of member networks

Strategic Objective 1: Strengthen the capacity of PLHIV structures at all levels for improved coordination

Strategic actions:

2.1.1 Build capacity of national networks and district forums so that they can play their roles effectively
2.1.2 Support the district forums and national networks to establish functional offices
2.1.3 Support district forums to establish and strengthen lower level networks
2.1.4 Develop governance capacities of national networks and district forums

Strategic Pillar 2: Strength of member networks

Strategic Objective 2: Strengthen linkages and partnerships between PLHIV and partners at all levels

Strategic actions:

2.2.1 Identify and exploit opportunities for partnerships and collaborations at all levels for improved resourcing and coordination
2.2.2Establish effective referral mechanisms within and between members and other stakeholders for PLHIV so as to promote coordination and synergy

Strategic Pillar 3: Organisational capacity

Strategic Objective 1: Improve resource acquisition and management

Strategic actions:

3.1.1 Develop and implement strategies for resource mobilisation and diversification
3.1.2 Put in place strong systems for financial management, accountability and reporting

Strategic Pillar 3: Organisational capacity

Strategic Objective 2: Strengthen governance of NAFOPHANU

Strategic action:

3.2.1 Put in place mechanisms to ensure proper functioning of NAFOPHANU board

Strategic Pillar 3: Organisational capacity

Strategic Objective 3: Improve effectiveness and efficiency of NAFOPHANU management

Strategic actions:

3.3.1 Attract, maintain and develop a committed workforce at all levels of NAFOPHANU
3.3.2 Put in place systems that ensure effective and efficient programme delivery
3.3.3 Establish an institutional home for NAFOPHANU
3.3.4 Establish a consultancy team of expert PLHIV
3.3.5 Establish a Counselling Centre for the long survivors

Strategic Pillar 3: Organisational capacity

Strategic Objective 4: Strengthen knowledge management at NAFOPHANU

Strategic actions:

3.4.1 Acquire and implement strong ICT systems at NAFOPHANU
3.4.2Conduct regular research to inform advocacy, programming and communication on HIV&AIDS related matters
3.4.3 Develop an information hub that will act as a point of reference for data and information on HIV&AIDS related matters
3.4.4 Build capacity of national and district networks to generate and utilise data

Critical Success Factors

For successful implementation of the NAFOPHANU strategic plan, attention should be paid to the following factors:

- ✓ Competent and committed top leadership
- ✓ Competent and committed staff that is well motivated
- ✓ Support from PLHIV national networks and district forums
- ✓ Prudent financial management
- ✓ Strategic partnerships
- ✓ Competitiveness
- ✓ Transparency and accountability

Implementation structure and plan

The new strategic plan contains a broad implementation plan that phases the strategic actions over a 5-year period, and includes embedded monitoring processes to enable easy tracking of outputs as implementation progresses.

The strategic plan also proposes a revised organisation structure that is aimed at addressing the current leadership and management challenges that NAFOPHANU is faced with, and at the same time; it is aligned with the revised mandate so that the organisation can make a significant contribution towards enhancing the welfare of PLHIV as well as strengthening the members' structures at all levels.

Monitoring and evaluation

The strategic plan contains a monitoring and evaluation framework that highlights the results to be achieved in the core business areas and is aligned to the national monitoring an evaluation framework.

Projected implementation budget

In order to implement this strategic plan, resources are required to finance strategic actions and their attendant tasks. The projected implementation budget provides a forecast of costs required to implement the strategic plan. Specific financial commitments for individual activities shall be reviewed and determined on an annual basis based on available resources, and subject to Board of Directors review and approval. The projected budget areas include: programme costs, staffing costs and procurements for goods and services. In the computation of costs, salaries for staff and all other costs are expected to rise by 10% each year to cater for costs of living and inflation. Overall, the projected implementation budget amounts to Ush 13 billion over the 5-year period, which is expected to be raised mainly through resource mobilisation locally and internationally.

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LIST OF ACRONYMS AND ABBREVIATIONS

ACORD - Agency for Cooperation and Research in Development
AIDS - Acquired Immune Deficiency Syndrome
AMFIU - Association of Microfinance Institutions of Uganda
ARVs - Anti-Retroviral Therapy
CAAT - Consortium of Advocates for Access to Treatment
CCM - Country Coordinating Mechanism of the Global Fund
CSF - Civil Society Fund
DANIDA - Danish International Development Agency
DFID - Department for International Development
GLIA - Great Lakes Initiative on AIDS Programme
GFATM - Global Fund to Fight AIDS, Tuberculosis and Malaria
GIPA - Greater Involvement of People Living with HIV & AIDS
GoU - Government of Uganda
HEPS - Coalition for Health Promotion and Social Development
HIV - Human Immunodeficiency Virus
ICOBI - Integrated Community Based Initiatives
ICT - Information and Communication Technology
IGAs - Income Generating Activities
M&E - Monitoring and Evaluation
MARPs - Most At Risk Populations
MIPA - Meaningful Involvement of People Living with HIV & AIDS
NAFOPHANU-National Forum of People Living with HIV/AIDS Networks in Uganda
NGOs - Non-Governmental Organizations
NSP - National Strategic Plan (for HIV&AIDS)
NUMAT - Northern Uganda Malaria AIDS and Tuberculosis Program
PC - Partnership Committee
PEPFAR - US Presidential Emergency Fund for AIDS Relief
PLHIV - People Living with HIV
PMTCT - Prevention of Mother to Child Transmission
RAS - Academia & Sciences
SALT - Appreciation, Learn and Transfer approach
SIDA - Swedish International Development & Cooperation Agency
SMC - Safe Male Circumcision
STAR-EC - Strengthening TB and HIV & AIDS Responses in East-Central Uganda
ToT - Training of trainers
UAC - Uganda AIDS Commission
UGANET - Uganda Network on HIV& AIDS Law and Ethics
UNAIDS - Joint United Nations Programme on HIV/AIDS
UNASO - Uganda National AIDS Service Organisation

1.0 BACKGROUND

1.2 The Status of HIV&AIDS in Uganda

The findings from the 2011National HIV Indicator Survey[1] announced recently show that the prevalence rates i.e. proportion of Ugandans, aged between 15-49, who are infected with HIV has risen and now stands at 7.3% (and even higher in women at 8.3%), up from 6.4% in the 2004-05 survey. The primary concern is that the number of new infections has been rising steadily: from 124,000 in 2009; through 128,000 in 2010; and now to approximately 145,000 in 2011. By all indications, there will be a higher number of new infections year after year. This rising number of new infections exceeds the annual number of patients enrolled into anti-retroviral treatment by two-fold. If this status quo continues, the HIV burden in Uganda is projected to increase by more than 700,000 new infections over the next five years, including an estimated 25,000 unfortunate babies born with the infection each year, through no fault of their own. This trend is causing concern because in the early phase of the epidemic, Uganda scored impressive success when the whole nation got together in solidarity to fight the epidemic. As a result, both the prevalence rates (overall proportion of people infected), and more importantly, the number of new infections per year all came down.

As the result of this early success, the whole world looked to Uganda for leadership in the fight against HIV/AIDS. The idea of setting up national AIDS councils (the equivalent of Uganda AIDS Commission) in every country to coordinate national response was taken from Uganda; the multi-sectoral approach was learnt from Uganda; the concept of placement of the coordination function in the highest office in the land was learned from Uganda; high level political engagement and leadership as an important factor for success was copied from the role played by our President. To crown it all, the now well-acclaimed campaign strategy of three interventions (the "ABC" approach) was developed in Uganda.

'A' (for Abstain) refers principally to the call to the youth that are not yet sexually active to delay their entry into sexual activities until they were mature and able to negotiate safe sex. It also applies to adults who are called up to exercise self-restrain lest they engage into unsafe sexual acts.

'B' (for be mutually faithful to your partner) refers to the call to those already paired up to refrain from sexual escapades outside their established relationships. The "B" strategy, which carried a very clear message dubbed as "zero grazing," had the highest impact on transmission.

'C' (for condom use) was a call to those already sexually active to use condoms consistently in situations where one is tempted beyond retreat to have sex with partner whose sero-status is in doubt.

[1]Source: Uganda AIDS Commission (undated). To protect yourself, your child and your spouse: The choice is yours. Retrieved from http://www.aidsuganda.org/

Uganda AIDS Commission (UAC) attributes the rising statistics to three wrongs:

Sexual behaviour: the focus on sex behaviour as the centre piece for turning off the flow of new infections was lost. The introduction of Antiretroviral Treatment (ART) and other biomedical interventions saw the focus shift to these interventions at the expense of behavioural interventions. The ART should have been taken as complementary tools in the war against HIV/AIDS while maintaining the focus on behavioural intervention as the centrepiece. The focus on behaviour was cast aside yet there was already evidence in the literature to suggest that without proper messages, the biomedical interventions could reverse the gains in risk-avoidance sex behaviour. The use of condoms, for instance, led to increased high risk sexual behaviour amongst high risk populations in New York, driven by the perception that as long as you wear a condom it does not matter who you sleep with. Likewise, increased access to treatment or to post-exposure anti-retroviral prophylaxis in the United States, Europe, and Australia had been shown to be associated with significant increases in risky sexual behaviour. It is no wonder then that the people began to relax and become complacent. Thus a high proportion of Ugandan adult males have reverted to the risky life style of engaging in sex with multiple concurrent partners which is the key driver of the epidemic.

Loss of solidarity: the solidarity, compassion, commitment and collective action by people under siege which was eminent in the early phase of our epidemic was also lost. This solidarity referred to by anthropologists as "social capital" is gone and the troops have dispersed. Parents have abdicated their responsibility to guide their children and inculcate values and norms in them. The children are looking for their parents for guidance but they are not to be found. Instead the parents expect housemaids and schoolteachers to guide the children. The housemaids are doing their own things while the school teachers are busy focusing on school examination performance thus the children are falling through the cracks. The children are left under the mercy of partial information from peers, internet, television and hearsay as sources of information, and therein lies the danger of disinformation and peer pressure. Leaders, too, and at all levels, have gone into recess. Religious leaders are no longer routinely including messages on HIV/AIDS in their sermons at the various functions, and have stopped the requirement for prospective couples to take an HIV test. Yet this is useful, not as a pre-condition to be united, but as an entry point to the process of couple counseling. The voices from cultural, community and political leaders at all levels have fallen silent too.

Communication: communicating messages directly to the people in a manner that engages them, and in a language and at a level they understand has also stopped. This approach which was prominent in the earlier campaign has been replaced by uncommitted, mundane and routine impersonal talks. "We talk at, and not to, the people....." the talks are horizontal. Communication is not done vertically to reach the people with clear instructive messages that can guide the populations into taking the desired actions to protect themselves or to seek services. Instead huge billboards are posted around Kampala, which deliver no real message a tall that can help the fight against HIV&AIDS. Moreover, the general population has been left under the mercy of all sorts of messages on the airwaves ranging from claims of miraculous cures

by self-acclaimed medicine men and women, through outright contradictions, to actions by self-acclaimed miracle workers that persuade people to go off treatment.
The current situation of HIV&AIDS in Uganda presents both challenges and opportunities to NAFOPHANU because it calls for new and renewed approaches towards behavioural change, coordination of efforts as well as more targeted and meaningful communication. NAFOPHANU needs to develop high impact approaches that stimulate individual and community behavioural change. Communities and individuals need to realise that the threat posed by HIV&AIDS is still real and that despite advances in treatment and other prevention mechanisms such as condoms, behavioural change is still by far the most important success factor. As such behavioural change must be part and parcel of any endeavour against HIV&AIDS. Similarly, the lost solidarity must be re-ignited by building and / or strengthening partnerships at all levels and by working with all stakeholders that in one way or another engage with communities. Examples of such stakeholders include community leaders, the media, cultural and religious leaders, and educational institutions. Political leaders must be constantly engaged so that they do not lose the momentum. Communications should be re-packaged and more innovative approaches should be used to reach not only the minds but also the hearts of the people. Communication should focus on how people can make choices and take decisions that affect their lives rather than just passing over information.

1.2 Renewed efforts to combat HIV&AIDS in Uganda

Some of the recent efforts to combat the HIV&AIDS epidemic in Uganda include:

The National HIV Prevention Strategy (2011-2015): this strategy aims at mobilizing all people and institutions to work towards eliminating new HIV infections; putting an end to stigma and discrimination of any sort; and halting deaths from AIDS-related conditions by the year 2015.The prevention strategy aims are reversing the current trend of the HIV&AIDS epidemic, which estimates the number of new infectionsbetween2011 and 2015 at 780,000. With effective implementation of this new strategy, it is hoped that new infections will be reduced by at least40%by 2015.

The National HIV&AIDS Strategic Plan (2011/12 -2014/15)[2]: the new strategic plan is aligned to the National Development Plan (NDP) 2010-2015, and will galvanize and expanded, multi-sectoral, national response to the HIV epidemic. This new strategic plan shall serve as a point of reference in planning and implementing HIV/AIDS interventions so that the country can realize —a population free of HIV and its effects. The Revised NSP outlines the goals, objectives and strategic interventions upon which players in the national HIV response will hinge their HIV programming as they build on the gains attained during the last four years of NSP.

The Revised NSP provides an overall strategic of the national HIV/AIDS response on the following thematic areas.

[2]Source: Uganda AIDS Commission (2011). National HIV&AIDS strategic plan 2011/12 -2014/15. Retrieved from http://www.aidsuganda.org/

- HIV Prevention: Guided by the wisdom of adopting Combination Prevention, the focus of the prevention thematic area shall be fourfold, namely (i) to scale-up biomedical interventions to achieve universal access targets, (ii) uphold behavioral interventions, (iii) address socio-cultural and economic drivers of the epidemic and, (iv) re-invigorate the political leadership at all levels to enlist their commitment to HIV prevention. In scaling up proven evidence-based interventions, the country shall use HCT. This is an entry point to aim for virtual elimination of MTCT by adopting Option B+/or other effective regimens, roll-out Safe Male Circumcision (SMC), and use ART as a springboard to prevention by targeting all eligible PLHIV with ART including all pregnant women living with HIV, while maintaining universal blood safety precautions. In order to register a remarkable difference on sexual behaviour, the way to proceed is, first, to articulate key target population groups and packages based on evidence, coordinate prevention communication messaging, promote risk reduction, including use of male and female condoms then continue to invest in research to understand sexual behaviour.

- Care and Treatment: To fulfil this, the country's strategic focus is on providing treatment to all eligible patients, roll out pre-ART care to HCIIs and HCIIIs, accredit more health facilities including private health facilities for HAART. The strategy also includes improving early TB diagnosis, strengthening linkages with prevention through peers and Village Health teams (VHTs). Primary attention will be placed on ensuring Early Infant Diagnosis (EID) and capacity of HCIIIs to offer pediatric care including adolescent friendly services with strong linkages to HCT. The above are possible with recruitment of more staff, introduction of point of care CD4 testing and formulation of guidelines for task shifting, stronger drug resistance tracking, surveillance and case management systems accompanied by palliative care services.

- Social Support and Protection: Under this thematic area, the Revised NSP shall focus, first on advocacy for universal coverage (scope & scale) to a comprehensive social support and protection package to articulated beneficially groups. Attention shall also be placed on empowerment of households and communities with livelihood skills and opportunities (including linkages to development programmes such as NAADS, NUSAF & SACCOs; and Cash Transfer initiatives) to cope with social- economic demands. In addition to rights, education and legal support, the major entry point for social support and protection shall be through organized structures of PLHIV, PWDs, elderly and categories most vulnerable to the effects of HIV to respond to own needs. At workplaces and agencies, focus shall be on supporting institutionalization of workplace policies in the formal and informal sectors and their implementation.

- Systems Strengthening: During the plan period, the country aims to review existing coordination structures at national and decentralized levels for appropriateness and clarity of roles and responsibilities, support integrated HIV/AIDS Plans and also enforce policies, laws and guidelines aimed at improved collaboration, partnerships and networking among implementing

partners at all levels. To support universal access, this thematic area shall pay attention to Human Resource and Infrastructure Development mainly to strengthen national capacity for forecasting, logistics management, procurement and disposal of health goods and services. It also includes streamlining of donor support in procurement systems for drugs and supplies.

- Research, M&E and Documentation: As part of systems strengthening, focus shall be placed on using research outcomes to appropriately improve policy and planning, scaling up Lot Quality Assurance (LQAS) to all Local Governments (LGs) and prioritizing dissemination of results, and particularly for UAC to provide a clear framework to guide HIV/AIDS research efforts. In addition, the country requires a revitalized National AIDS Documentation Information Centre, M&E data collection, aggregation, analysis, reporting and utilization systems with well-established organizational structures at all levels for M&E.

- Resource Mobilization: Most important for the Revised NSP is the focus on resource mobilization for the entire national response to HIV/AIDS. Strategic attention shall be placed on developing an integrated and comprehensive national resource mobilization strategy and alignment of donor funds to national planning, budget and financial accountability systems. Equally important shall be the institutionalization of regular resource tracking mechanisms and improving efficiency of HIV/AIDS spending especially on those interventions that have big impact based on evidence.

NAFOPHANU's interventions have largely been built around and have contributed towards the national response as guided by national HIV&AIDS strategic plans. Though not directly providing services, NAFOPHANU has engaged either directly or through her network, the different stakeholders who are involved in the core intervention areas, to ensure that PLHIV receive required services. Going forward, NAFOPHANU will lay particular emphasis on social support and protection systems, which will contribute towards the overall well-being of PLHIV. In terms of research and documentation, NAFOPHANU needs to strength her knowledge management systems so that she becomes a hub for data and information on PLHIV.

The PMTCT and Care of Exposed Infants Scale-up Plan (2010-2015): this plan envisions a generation free of HIV and AIDS in Uganda by 2015 and has the following two goals: (a) virtual elimination of HIV transmission from mother to child and (b) reduction of mortality and morbidity among HIV positive women and HIV-exposed and infected infants. The plan outlines four prongs namely: Prong 1 - primary prevention of HIV infection among women of reproductive age; Prong 2 - Prong 2: prevent unwanted pregnancies among women living with HIV; Prong 3 - prevent HIV transmission from women living with HIV to their infants; and Prong 4 - Provide appropriate treatment, care, and support to mothers Living with HIV and their children and families.

NAFOPHANU's efforts in as far as PMTCT is concerned has been largely to ensure that PLHIV (especially mothers) receive appropriate treatment, care and support –

prong 4. Going forward, NAFOPHANU will contribute, mainly through her advocacy and behavioural change communications, to other prongs as well, which all lead to the overall reduction of mother-to-child transmission of HIV, which in future will lead to an HIV-free population.

Other policies related to HIV&AIDS that have been developed/ reviewed recently include:

a) Second National Health Policy, 2010
b) National HIV/AIDS policy, 2011
c) Safe Male Circumcision Policy, 2010
d) Public Private Partnership for Health Policy, 2010
e) HIV/AIDS Workplace Policy (MoIA), 2010
f) Nutrition Policy - policy on infant and young child feeding, 2010
g) Care and Treatment policy, revised 2011
h) Uganda Antiretroviral Treatment Policy, 2011
i) Home Based Care Policy, 2011
j) HIV/AIDS Policy for the Roads Sub-Sector, 2010
k) HIV Counselling and Testing Policy, 2011
l) Infant and Young Feeding Policy, 2011
m) Integrated ART Guidelines for Feeding, 2011

1.3 Institutional framework to combat HIV&AIDS in Uganda

The three key elements in the coordination of the national response framework are UAC and the HIV&AIDS Partnership that includes 12 Self-Coordinating Entities (SCEs): PLHIV, Parliament, National NGOs, International NGOs, Private Sector, Research, Academia & Sciences (RAS), Media, Art and Culture, Line Ministries, AIDS Development Partners (ADPs), Faith Based Organisations, Young People and Decentralised Response. At the highest level of Government is Office of the President. The Minister for the Presidency is responsible for providing policy advice to UAC. The SCEs coordinate the HIV&AIDS activities, play a policy advisory role to the UAC, provide a forum for collective oversight on the management of the NSP, as well as act as a link with UAC through the Partnership Committee (PC) and with support from the Partnership Fund. The Decentralised Response Coordination structures have the AIDS Committees and Task Forces from the district to the village levels as per local government structures. These structures from national to local government levels are aligned with the 'Three Ones'[3] principle.

Both at national and district levels, NAFOPHANU has membership in coordination structures to ensure that issues of PLHIV feature prominently in the agenda of these coordination bodies.

[3] The three 'Ones' include: 'One' coordinating entity, 'One' plan and 'One' M&E

2.0 THE NATIONAL FORUM OF PEOPLE LIVING WITH HIV/AIDS NETWORKS IN UGANDA

2.1 Organisational History

NAFOPHANU was established in May 2003 as a national, non-government and not-for-profit organization, to provide a country-wide systematic and all-inclusive coordination structure for People Living with HIV (PLHIV) networks, associations and support groups in order to play advocacy, policy and decision making roles in the HIV&AIDS partnership. The decision to form NAFOPHANU was reached after identification, acknowledgement and recognition of gaps within PLHIV initiatives in the national response. This decision to establish NAFOPHANU was reached through a consultative process between members from several PLHIV initiatives in Uganda, with support from UNAIDS and the HIV&AIDS Partnership Committee of UAC. Since inception, NAFOPHANU has championed the cause of PLHIV and has widened her membership countrywide.

2.2 Rationale for the Strategic Plan

Since the previous strategic plan 2010-2012 had come to an end, it was necessary to develop a new plan that would guide NAFOPHANU's strategic and programmatic efforts for the next period. Consequently, the NAFOPHANU board commissioned a local consultant – Ignatius Odongo – to facilitate the process of developing a new 5-year strategic plan. This new plan responds to the new realities of HIV&AIDS in Uganda and in particular, brings to the forefront the issues surrounding PLHIV, while being aligned to the national response. The new strategic plan highlights the following strategic thrust: access to services by PLHIV; sustainable livelihood for PLHIV; and the capacity of PLHIV forums and networks. With this strategic thrust, NAFOPHANU will be able to put the welfare of PLHIV at the forefront of her interventions thus making a meaningful contribution to the national fight against the HIV&AIDS epidemic. While doing these, the plan also pays attention to the organisational capacity of NAFOPHANU, in particular, strengthening aspects of management and governance. It is expected therefore that this plan will act as a road map for the efforts of the PLHIV constituency in Uganda for the next 5 years.

2.3 Planning Process

This development of the new 5-year strategic plan for NAFOPHANU was implemented via three phases:

Phase 1: Review of NAFOPHANU's performance against the out-going strategic plan

The performance evaluation against the outgoing strategic plan was done at four levels:

Preparation level: this involved agreeing on the evaluation tool and the process. The tool was developed by the consultant and was reviewed together with NAFOPHANU management. Since the outgoing strategic plan did not have specific indicators and milestones, it was agreed that the evaluation process considers the activities that were

implemented and the outputs that resulted from implementation of those activities. The evaluation would then seek explanations on the level of achievement attained. It was also agreed that the evaluation process should involve management, members (mostly from the district forums and national networks) as well as stakeholders whom NAFOPHANU has been working with.

Management level: management met and filled in the evaluation tool, giving relevant explanations.

Members: a one-day meeting was held at Tal Cottages with 25 members from district forums and 7 from national networks. With guidance from the consultant, members deliberated on the different activities implemented under each strategic objective over the last 3 years and gave their opinion on the achievements. Members also advised on the priorities to be focussed on during the next 5 years.

Stakeholders: stakeholders had a one–day meeting at Eureka Hotel to review NAFOPHANU's performance over the last 3 years and give their verdict on the level of achievement. Under guidance from the consultant, the stakeholders highlighted areas where NAFOPHANU performed well and those that were under par, and also offered recommendations for improvement.

Thereafter the consultant put together a performance evaluation report that was reviewed by the management and the board of NAFOPHANU.

Phase 2: Strategic Planning Workshop

In this 2-day retreat, the participants were drawn from among NAFOPHANU's board members, management, and staff. This retreat reflected on the current mandate of NAFOPHANU against the trends of HIV&AIDS in Uganda as well as the needs of the PLHIV constituency. From these reflections, the participants drew important issues, lessons and action points to be pursued by NAFOPHANU over the next 5 years. From these, the participants formulated strategy and implementation mechanisms (including refining the organisation structure required to deliver the strategic plan).

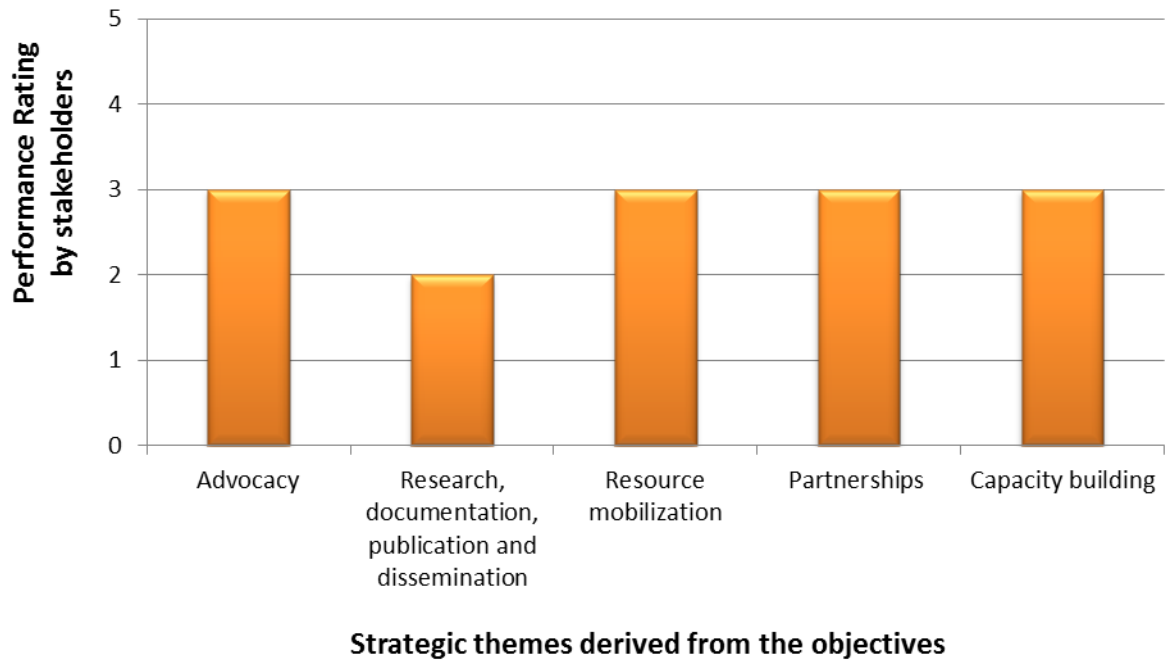
Phase 3: Consolidation

This phase is where the Consultant worked together with the management of NAFOPHANU to review and fill in gaps from the inputs received during the retreat. Thereafter, the consultant put together a draft strategic plan. This phase also involved working with the finance team at NAFOPHANU to cost the strategic plan. The final draft was submitted to NAFOPHANU management and the board for review, adoption and approval.

3.0 OVERALL PERFORMANCE AGAINST THE OUT-GOING STRATEGIC PLAN (2010-2012)

The overall performance against the previous strategic plan is summarised in Figure 1 below. Performance is rated on a scale of 1-5 (where 5 is excellent).

Figure 1: Overall Performance Rating of NAFOPHANU over the previous strategic plan



On **advocacy**, NAFOPHANU arranged eight (8) coordination meetings in Kampala, Kabarole, Hoima, Mbarara, Lira, Arua, Mbale and Jinja which brought together stakeholders from the PLHIV constituency including: regions, district focal persons, strategic and implementing partners based in the regions, NAFOPHANU board members and staff. With support from the Great Lakes Initiative on AIDS (GLIA) Programme, district networks implemented information, communication and education programmes using the Appreciation, Learn and Transfer (SALT) approach. The district networks included: Kampala District PLHIV Forum (in Mbuya), Bugiri District PLHIV Forum (in Naluwerere), and Ntungamo District PLHIV Forum (in Rubaare). During these meetings, community dialogues and public platforms were held at sub-county levels. NAFOPHANU also participated in annual international and national events such as the World AIDS Day, Philip Lutaaya Day, and Candlelight days. In addition, advocacy materials such as stickers, T-shirts, calendars, posters caps and brochures were developed. Although these were not necessarily PLHIV specific, they enhanced the visibility of NAFOPHANU.

NAFOPHANU also took part in the review of the National Strategic Plan for HIV&AIDS as well as the development of the National Prevention Strategy. NAFOPHANU also participated in other activities such as the Joint AIDS Review, the

Partnership Forum, development of the HIV Control and Prevention Bill and also in the 'Stop Stock out' campaign with the Coalition for Health Promotion and Social Development (HEPS) support. As a result of these engagements, PLHIV issues have been included in the relevant national plans. Following the Joint AIDS Review, an aide-mémoire (2012) was released specifying Government of Uganda commitments on the HIV&AIDS response which also included the enactment of HIV&AIDS Prevention and Control Bill and the development of Treatment as Prevention Policy. The proposed HIV Control and Prevention Bill contains some contentious clauses such as; mandatory HIV testing, mandatory HIV disclosure, criminalisation of attempted transmission of HIV, and criminalisation of deliberate transmission of HIV, which still remain thus requiring continued consultations with the Parliamentary HIV&AIDS Committee. As a follow up on stock outs of ARVs, two (2) national press conferences were held in a number of districts in Uganda, which also included highlighting the contentious clauses of the HIV&AIDS Prevention and Control Bill.

During the period 2010-11, monthly radio programmes ran for one (1) year on regional radios: Rupiny FM, Radio West, Etop Radio, Bukeede FM, Kaboozi Kubiri, and Nile FM. Monthly TV talk shows were also held at UBC. Altogether, 59 radio talk shows and 16 TV talk shows were conducted in 2011. These were held under the consortium of NAFOPHANU, Uganda Network on HIV& AIDS Law and Ethics (UGANET) and Uganda National AIDS Service Organisation (UNASO). These extensive communication programmes have increased access to information on HIV prevention services such as Safe Male Circumcision (SMC), Prevention of Mother to Child Transmission (PMTCT), among the communities.

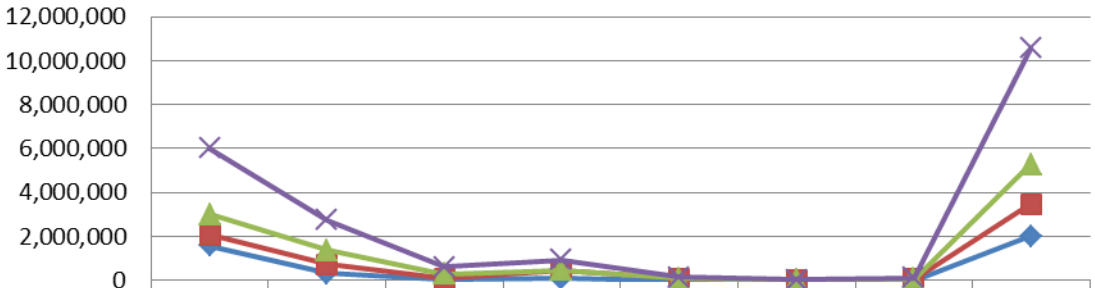
NAFOPHANU's future advocacy efforts focus on Most At Risk Populations (MARPs) as identified in the recent National Sero Survey (2012). The MARPs interventions should also include surrounding communities (who are in touch with PLHIV) who should be prevented from acquiring the virus. In addition, advocacy efforts should be guided by a clear and evidence-based advocacy strategy which will help avoid being reactionary.

On **research, documentation, publication and dissemination**, NAFOPHANU conducted one research project – the stigma index study. The report is in the process of finalization. A number of publications were also developed including: the HIV Prevention and Treatment Awareness Manual which has been translated into Runyakitara, Luganda, Luo and Ateso; and the Community Advocacy Guidelines. Training of trainers (ToT) was also done. However, there were no funds to disseminate the various manuals that were produced. Other activities such as baseline surveys, training staff in ICT and production of ICT manuals were not done because of lack of funds.

Going forward, NAFOPHANU should conduct client satisfaction surveys among PLHIV and also to document, disseminate and replicate best practices. As part of strengthening research, NAFOPHANU should also: strengthen Monitoring and Evaluation (M&E) at all levels; develop an M&E framework aligned to the new strategic plan; and conduct a mid-term review of the strategic plan.

On **resource mobilisation**, a full-fledged officer was recruited to develop concept notes and funding proposals. As a result, funds have been secured from the Civil Society Fund (CSF), Uganda AIDS Commission (UAC), the Joint United Nations Programme on HIV/AIDS (UNAIDS), Strengthening TB and HIV & AIDS Responses in East-Central Uganda (STAR EC), Association of Microfinance Institutions of Uganda (AMFIU), Global Fund, and GLIA (see figure 2 below). Figure 2 below shows that more funding was received in the year 2009/2010, mainly from CSF when NAFOPHANU was directly funded to implement certain activities. In 2010/11, although funding generally reduced, NAFOPHANU was able to get 3 new funders namely; Global Fund, HEPS, and International HIV/AIDS Alliance. The year 2011/12 gives a mixed picture in that although funding slightly increased over the previous year, four funders were lost (GLIA, Global Fund, HEPS and International HIV/AIDS Alliance). One of the reasons why NAFOPHANU continues to get funding is because her activities are aligned to the national HIV&AIDS response.

Figure 2: Funding mobilised from the different stakeholders during the last 3 years (Ush '000')



	Civil Society Fund	Partnership Fund	UNAIDS	GLIA	Global Fund	HEPS	International HIV/AIDS Alliance	Total funding received
Total	3,012,000	1,369,000	304,000	462,000	72,000	7,300	52,828	5,279,128
2011/12	942,000	645,000	226,000					1,813,000
2010/2011	500,000	416,000	15,000	380,000	72,000	7,300	52,828	1,443,128
2009/10	1,570,000	308,000	63,000	82,000				2,023,000

The Secretariat also made courtesy calls to local governments which has led to the districts providing office premises to district forums in: Ibanda, Rakai, KIbale, Masaka, and Kyegegwa. These interactions with partners have improved the visibility of NAFOPHANU and have helped her to attract new partners such as the Northern Uganda Malaria AIDS and Tuberculosis Program (NUMAT) which is now supporting 9 networks; STAR-EC that has provided financial support to 9 networks; as well as PACE Uganda that is supporting some 25 networks.

No donor conference was held during the plan period owing to the fact that the organisation is still in the process of building donor confidence. A strategy that should have guided resource mobilisation efforts was not developed. In addition, concerns have been raised over the fact that most of NAFOPHANU's funding comes from consortia projects rather than independent funding as was the case before, and because NAFOPHANU is not the prime contractor, she no longer gets as much

funding as previously. Therefore, NAFOPHANU needs to broaden her resource mobilization base and build 'prime contractor' capabilities so that she can take the lead in the consortium rather than just being a partner always. Similarly, there are concerns about the low capacity of the district forums to raise their own resources. As such district forums will continue being dependent on the Secretariat for resources.

Financial systems were also strengthened especially at the Secretariat. As a result, the Secretariat won a Financial Reporting Award following an assessment of 6 national networks that was done by an external evaluator, which revealed that the systems were above average. However, only a few district forums have put financial systems in place.

During the plan period, a number of staff were recruited at the Secretariat. These include: the programme manager, the finance manager and the advocacy manager. With these staff in place, these functions have also been strengthened.

On **partnerships**, NAFOPHANU was able to exploit partnerships with larger organisations such as UNAIDS, CSF, Global Fund, UAC, GLIA, HEPS, and International HIV/AIDS Alliance. Because of such partnerships, NAFOPHANU was able to access funding opportunities. Twelve (12) regional coordination meetings were also held during the plan period. These meetings brought together several district forums that were clustered into regions. The meetings encouraged joint planning and improved coordination among district forums. However, for effective coordination, regional offices should have been operationalized and yet no funds were available for their establishment.

As part of the process to identify and work with national networks with similar objectives, NAFOPHANU entered into a consortium arrangement with UNASO and UGANET to jointly implement projects on advocacy and networking. Working together with these networks helped strengthen synergies and will increase service coverage of HIV&AIDS interventions.

To promote sharing of information, Consortium of Advocates for Access to Treatment (CAAT) meetings are held regularly to share information on accessibility and availability of treatment. Quarterly newsletters were also published to disseminate information to members. As a result, the visibility of NAFOPHANU was further enhanced. However, there is still need to make publication of quarterly newsletters more regular as well as to ensure regularity of CAAT meetings.

Through NAFOPHANU district PLHIV forums, network support agents were identified and trained by regional partners such as NUMAT, STAR EC, and Integrated Community Based Initiatives (ICOBI) to support the peers at the health facilities and home-based care outreaches. Over 1,000 of the network support agents are now supporting health facilities in health education talks, counselling, ART adherence, registration and updating registers, with some of them dispensing medicines (as a result of limited manpower at health facilities).

A retreat was held in 2012 for key members of PLHIV fraternity to enhance conflict resolution and build stronger teams. This meeting fostered harmonious relationships among membership organizations and proposed establishment of a Council of Elders for continuous guidance and conflict management among members.

In terms of linkages, several PLHIV representatives serve on national committees that act as a link to key partners such as; Country Coordinating Mechanism of the Global Fund (CCM); Partnership Committee (PC) and CSF Steering Committee.

As much as efforts have been put to strengthen partnerships, however, little had been done to exploit partnerships in the public and private sectors as well as the media. Such partnerships would help broaden the resource base and would also result in tapping into technical support opportunities.

On **capacity building**, 40 district forums and 6 national networks were trained in financial management. As a result, 15 district forums have been able to keep proper books of accounts, perform reconciliations, report and submit accurate accountabilities. Some are still struggling and require more support, while for others, the staff who were trained have since left the forum, while in still others, financial management is handled by volunteers who are not fully competent.

In terms of financing Income Generating Activities (IGAs) for PLHIV, 20 districts benefited from the Steven Lewis Fund. One district – Mityana – was piloted under the CSF funding. PLHIV networks have continued with their own IGAs and Co-Save projects even after the project wound up.

In 2009/10, 40 district forums and 6 national networks were supported to set up structures under the CSF Project, while 2 national networks were also being supported under the NAFOPHANU, UNASO & UGANET consortium (2011-2013). Some 20 districts were able to hold their annual general meetings (AGMs). With support from NUMAT, Young Positives structures were set up in 7 districts in Northern Uganda districts. With NAFOPHANU's support Young Positives were able to set up structures in 7 in Central Uganda. In 2011, organisational capacity assessments were conducted in 24 district forums under the NAFOPHANU, UNASO & UGANET consortium.

Although there was no funding for exchange visits, support was received from other stakeholders. For example, Agency for Cooperation and Research in Development (ACORD)- Mbarara supported leaders from Isingiro, Mbarara, Kiruhura and Ibanda to visit Kabale PLHIV Forum. These visits facilitated replication of best practicesas a result of experiences learnt from well performing forums.

However, capacity building efforts did not cover all the districts; neither did they cover all the capacity needs of the members. Going forward, NAFOPHANU should focus efforts on internal organisation development as well as strengthening the capacity of district and lower level structures.

Management, members and stakeholders all concurred that NAFOPHANU had performed to a reasonable extent albeit within challenges and limitations. The three

perspectives on NAFOPHANU'S performance give a balanced view on what was done well and what needed improvement over the last 3 years. What is of concern, however, is that most activities (with the exception of strengthening financial systems at the Secretariat), were either done partially or not done at all. This raises concerns about consistency, follow up and follow through of programming and implementation.

Similarly, the absence of clear and measurable indicators for each objective made evaluation to take the form of qualitative judgement based on the activities implemented. Although this to some extent served the evaluation purpose, it was hard to judge the real outcomes arising out of the activities implemented or their overall impact on the well-being of the PHLIV. This new strategic plan for NAFOPHANU will indicate clear indicators, baselines and milestones so that performance can be judged both qualitatively and quantitatively. With short-term, medium-term and long-term results clearly articulated, programme efficiency, effectiveness, relevance and impact can be easily established and so NAFOPHANU can be able to properly articulate her value addition to PHLIV.

4.0 SITUATION ANALYSIS

This analysis covers external, internal, stakeholders and risk analysis. The purpose of this analysis is to ascertain how the operating environment affects (or could affect) the current and future operations of NAFOPHANU.

4.1 External analysis

The external analysis looks at Political, Economic, Social and Technological (PEST) factors outside NAFOPHANU which can either promote or hinder her growth and sustainability.

Political: Government of Uganda is committed to the fight against HIV&AIDS and has provided adequate policy and strategy frameworks that should guide all stakeholders. Government has also provided an enabling institutional framework at all levels which fosters coordination for all stakeholders involved in the fight against HIV&AIDS. At the lower government level, district development plans now have an HIV component. The local governments are also keenly monitoring activities of non-governmental organisations (NGOs).

NAFOPHANU already has representation in various coordination and governance structures at national and lower levels and can use these avenues to push for issues affecting PLHIV. At the districts levels, NAFOPHANU has been able to work closely with local government, with some of them offering free office space to district forums. Going forward, NAFOPHANU needs to make sure that the district forums make a significant contribution in the fight HIV&AIDS at the lower levels. The district forums should tap into resources available at that level and should also form linkages with other development programmes such microfinance, agriculture, and agro-forestry, among others. District for should also consistently engage politicians especially now that HIV prevalence is going up. Targets audiences for engagement

include the Councillors, Parliamentarians, cultural leaders, religious leaders, among others.

Economic: Government's contribution to the fight against HIV&AIDS is constrained by the limited resources which are also demanded by other sectors of the economy. Annual spending on HIV&AIDS from 2007/08 through to 2010/11 is shown in figure 1 below.

Table 1: Contribution of Development Partners to the HIV&AIDS Response

Funding Agencies	Funding per year (millions of US$)			
	2007/08	2008/09	2009/10	2010/11
BILATERALS				
Irish Aid	3.63	13.01	6.93	6
DFID	4.43	4.75	4.78	4
DANIDA	4.65	4.88	5.43	4
SIDA	1.2	0.05	-	1
Italian Cooperation	0.22	4.35	0.07	-
USG/PEPFAR	228.88	269.83	256.99	289
MULTILATERALS				
UN Agencies	13.19	6.56	10	TBD
GFATM	-	-	24.17	4.35
TOTAL	**256.2**	**299.08**	**308.37**	**308.35**

Source: UAC (2012). Global AIDS response progress report: Country progress report, Uganda

Table 1 above shows that the overall funding of HIV&AIDS in Uganda is predominantly supported by bilateral and multilateral donors. The major bilateral donors are US Presidential Emergency Fund for AIDS Relief (USG/PEPFAR), Irish Aid, Department for International Development (DfID), Danish International Development Agency (DANIDA), Swedish International Development and Cooperation Agency (SIDA) and Italian Cooperation while multilateral donors are UN agencies and Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Most of the support by bilateral agencies is provided through the Civil Society Fund and Partnership Fund.

USG/PEPFAR is the major and dominant funder for the national HIV&AIDS response. Indeed, the contribution of USA in 2009/10 and 2010/11 were 83% and 93% respectively of all the resources availed by all the external funders as is shown in table 1 above. In addition to funds, the US government has: (a) provided technical assistance to GoU, CSO, NGOs and national advisory bodies (b) supported service delivery at the district level and national; and (c) built capacity of individuals, organisations and systems through programmes such as SURE projects supporting PSM, Capacity supporting Human Resources for Health (HRH), MEEPP supporting M&E, etc. Against this background, while over 40% of US government spending has

been used in the expansion of care and treatment services in Uganda, the annual expenditure on prevention activities has consistently accounted for a quarter of PEPFAR support in the country.

Since 2007 when the National Strategic Plan (NSP) was launched, GFATM made calls for proposals for Rounds 7, 8, 9 and 10 to which Uganda responded to all except Round 8. Round 7 application was successful and the grant amount was US$241m (Phase I $70.2m and Phase II, $171m) was approved. Round 9 application was unsuccessful and Round 10 failed because Uganda had: a sizable balance of Round 7 funds; weakness in gap analysis and contributions of other actors; did not address the human rights of most-at-risk populations; and had weakness in the proposed approach. During the period June 2007 and May 2011, three disbursements were received: the first instalment amounting to $4,250,995 was disbursed in August 2009 for emergency ARV procurement; the second instalment of $19,920,025 was released in May 2010 mainly for procurement of ARVs, other drugs, medical supplies, human resources and M&E; while the third instalment worth $4,391,196 was disbursed in September 2010 for training and IEC materials.

The UN agencies have been implementing a Joint UN Programme Support for HIV&AIDS through which they have provided technical assistance to UAC, Civil Society and the public sector in implementing the NSP.

The CSF was established for the purpose of bringing together multiple donor funds under one policy and management arrangement so that the civil society can be supported in a harmonized and streamlined manner. Since its inception in 2007, USAID, DfID, DANIDA, Irish Aid, Italian Cooperation and SIDA have provided support to the fund for onward disbursement to the CS organizations as is shown in the table 2 below.

Table 2: Committed donor contributions (USD) to the Civil Society Fund, 2007/08-2011/12

DONOR	2007/8	2008/9	2009/10	20010/11	2011/12
DANIDA	3.800.000	4.200.000	4.407.190	4.409.091	4.409.091
IRISH AID	3.340.000	5.124.000	6.300.000	5.850.000	6.370.000
USAID	204.678	3.490.438	6.704.884	3.826.303	3.826.303
DFID	4.200.000	4.200.000	4.784.000	4.500.000	3.500.000
ITALIAN Coop.	-	-	69.93	-	-
SIDA	-	-	-	1.400.000	1.400.000
TOTAL	**11.544.678**	**17.014.438**	**22.266.004**	**19.985.394**	**19.505.394**

Source: UAC (2012). Global AIDS response progress report: Country progress report, Uganda

In 2009 and 2010, CSF disbursed funds to national NGOs, lead agencies, district NGOs, community based organizations and local governments resulting in over 50% of CSF resources to be used for prevention of HIV transmission and OVC service delivery.

AIDS Development Partners (ADPs) have continued to provide resources to the HIV&AIDS Partnership Fund whose purpose is to support the coordination operations

of the Partnership mechanism that includes Partnership Committee, Partnership Forum, the 12 SCEs and UAC Secretariat. While the fund has registered an average annual growth of 24%, the consistent contributors have been DANIDA and Irish Aid – table 3 below.

Table 3: Contribution to Partnership Fund by Bilateral Agencies

DONOR	2007/08	2008/09	2009/10	2010/11
DFID	275,010.09	556,530.87	-	270,417.42
DANIDA	867,603.68	690,846.29	1,106,859.51	117,802.20
Irish Aid	291,332.15	490,064.25	683,497.54	615,200.00
SIDA	-	47,437.82	-	-
TOTAL	**1,433,946**	**1,784,879**	**1,790,357**	**1,003,420**

Source: UAC (2012). Global AIDS response progress report: Country progress report, Uganda

In addition to funding from development partners, the percentage contribution by GoU increased from 5.2% to 10.5% between 2007/08 and 2009/10. Although actual expenditure was not determined, in 2010/11 the planned contribution of GoU at $70m was 17.4% of the overall budget for HIV/AIDS in the year. GoU mobilizes resources for HIV/AIDS spending primarily through domestic taxation that is channelled through the budget of the health sector. However, recent cuts in donor funding will continue to strain GoU resources towards the health sector and specifically for HIV&AIDS, a situation that will significantly affect provision of services to PLHIV. However, it is also apparent that contributions from out of pocket that hitherto had not been captured accounted for over one fifth of the resources used in the national response to the epidemic in the period 2008/09 and 2009/10.

A common trend now amongst most stakeholders including government, development partners and international organisations is to mainstream HIV&AIDS into general programming.

NAFOPHANU therefore, should also get more involved in budget processes at national, district and sub-county levels to ensure that HIV&AIDS issues are given prominence in the ensuing budgets. Among the PLHIV, NAFOPHANU needs to strengthen the co-save arrangements, provide business skills training, and create market linkages for the outputs of PLHIV. NAFOPHANU also needs to tap into upcoming funding arrangements for example the upcoming National AIDS Trust Fund (NATF). NAFOPHANU should also move into integrated programming and mainstream HIV&AIDS into areas such as: reproductive health, gender, environment, human rights, and other contemporary issues. NAFOPHANU should also focus on the private sector to build on work place HIV&AIDS policies.

Social: People are no longer afraid of HIV&AIDS largely because of the availability of treatment options and the general lack of awareness about the basic facts of HIV. According to the Indicator Survey[4], there has been a modest increase in comprehensive knowledge of HIV&AIDS over time. For example, the proportion of

[4]Source: MoH (2012). Uganda AIDS indicator survey2011

women age 15-49 with comprehensive knowledge increased from 28 percent in2004-05 to 31 percent in 2006 and to 36 percent in 2011. Similarly, the proportion of men age 15-49 with comprehensive knowledge increased from 36 percent in 2004-05 to 42 percent in 2006 and to 43 percent in 2011.

HIV&AIDS messages no longer have a big impact on people's behaviour. However, stigma still exists in the community and there are insufficient social support mechanisms for PLHIV. According to the new national HIV&AIDS strategic plan, attention shall be placed on empowerment of households and communities with livelihood skills and opportunities (including linkages to development programmes such as NAADS, NUSAF & SACCOs; and Cash Transfer initiatives) to cope with socio-economic demands. In addition to rights, education and legal support, the major entry point for social support and protection shall be through organized structures of PLHIV, PWDs, elderly and categories most vulnerable to the effects of HIV to respond to own needs. At workplaces and agencies, focus shall be on supporting institutionalization of workplace policies in the formal and informal sectors and their implementation. Despite all these plans for social protection, PLHIV still suffer from inadequate social support mechanisms, and the trickle-down effect to the individual PLHIV will take time to be realised.

NAFOPHANU needs to take these social problems seriously and start focussing on behavioural change interventions that also address prevention for example, issues of discordancy, re-infection, PMTCT, and positive living, among others. There is also a need to focus on MARPs. A number of social issues surrounding HIV&AIDS are still unknown. Here in lies an opportunity for NAFOPHANU to conduct research to uncover pertinent social issues affecting HIV&AIDS in our country.

Technology: advances in technology has led to the introduction of Highly Active Antiretroviral Therapy (HAART), CD 4 count machines, viral load testing, Early Infant Diagnosis (EID) and Safe Male Circumcision (SMC), among others, have eased the management of HIV&AIDS to the benefit of PLHIV. The emergence of the social media such as Facebook, twitter, YouTube, LinkedIn and Short Messaging Service (SMS) have created more avenues to reach out to the population with important messages.

NAFOPHANU can take advantage technology trends as key vehicles for programming and communication especially to the young people who have now seriously hooked up to social media. The website can also be used to share information, reports as well as obtaining feedback from the population. Positive and purposive messages sent using these avenues and others such as billboards can be used to combat the negative impact of the internet especially to the young people. NAFOPHANU can also use technology to execute campaigns that promote massive support for treatment, for example, treatment education and literacy campaigns to increase uptake and build solidarity amongst forum structures.

Combination prevention strategies are now on board. Retention of people into care, effective referrals, use of the family-centred approach, adherence support, strengthening linkages and partnerships are now the many strategies used to combat HIV&AIDS and its impact.

Legal and Regulatory: as much as the legal and regulatory environment has been conducive for HIV&AIDS interventions, recent developments in legislation especially regarding the HIV Prevention Control Bill, Anti-Homosexuality Bill and the Marriage & Divorce Bill have raised concern among the PLHIV constituency. The presence of non-palatable clauses in these legislations has resulted into several engagements between government and the PLHIV constituency, so far without much success. While Uganda is signatory to United Nations Declaration on Human Rights (UDHR) which commits governments to protect rights for PLHIV, up to now there is no regulatory framework against stigma and discrimination against PLHIV.

The lesson here is that NAFOPHANU should be proactive in areas of legislation, knowing where the legislation process starts and starting to engage at those initial stages so that PLHIV issues are identified early enough and incorporated as appropriate. Similarly, NAFOPHANU's advocacy efforts should be based on concrete evidence and should be driven by a clear strategy.

4.2 Internal analysis

The internal analysis consisting of NAFOPHANU strengths and weaknesses is summarised in the table 4 below.

Table 4: NAFOPHANU's Strengths and Weaknesses

Major strengths of NAFOPHANU	Major weaknesses of NAFOPHANU
• National organisation with wider country-wide membership • The only umbrella network organisation for PLHIV covering both urban and rural areas • Well established governance structure • SCE of PLHIV at the national level • Partnerships with key organisations – state actors (UAC, line ministries, departments and agencies as well as local governments) and non-state actors (partner CSOs, UN agencies, ADPs, etc), etc • Competent human resource • Strong organisational systems • Representation at key decision making forums on HIV&AIDS • Volunteerism drive country-wide which has helped fill in staffing gaps	• Structures are not well established at all levels • Staff turn-over • Understaffing • Founder syndrome which has inhibited growth of some forums and networks • Small resource envelope • Donor dependency • Insufficient knowledge management systems • Lack of own premises • Insufficient coordination of member networks • Has no care demonstration site e.g. counselling centre

The internal analysis also included review of NAFOPHANU's mandate to bring it in line with national priorities, current dynamics of HIV&AIDS as well as the ever changing expectations of stakeholders. Section 5.1 below shows that an extra mandate was added and the others were reworded to make them more focused.

4.3 Risk Analysis

A number of risks that may affect implementation of this strategic plan have been identified as well as their likelihood of occurrence. Mitigation mechanisms against these risks have also been noted so that appropriate action can be taken to avoid and/or reduce the impact caused by the occurrence of these risks. Table 5 below summarises the risk assessment.

Table 5: Risks facing NAFOPHANU over the next 5 years

#	Major risks	Likelihood of occurrence *(very Likely, likely, unlikely)*	Mitigation mechanisms by NAFOPHANU
1	Inability to attract sufficient funding	Likely	• Diversification of sources of funding • Assignment of specific responsibility for resource mobilisation • Diversify programming beyond HIV&AIDS • Donor mapping and conferences • Sustainability planning
2	Funding uncertainties	Very likely	
2	Over-reliance on volunteers	Very likely	• Regionalise so that regional networks can mobilise resources and hire competent staff
4	Staff turnover	Likely	• Team building • Offer competitive package • Conducive work environment • Strengthen the human resource management function
5	Disentanglement of some member networks	Unlikely	• Regular feedback mechanisms • Meaningful involvement of the member networks in NAFOPHANU activities • Image building
6	Conflicts among members	Likely	• Conflict resolution mechanisms • Promote transparency and accountability
7	Mis-management of sub-granted funds	Likely	• Coaching and mentoring on financial management • Tracking and accountability of funds mechanisms • Support the forums to attract competent staff • Take legal action against the offenders
8	Inability to effectively coordinate member networks	Likely	• Set up and support regional coordination centres • Encourage national networks to form links with district forums

4.4 Stakeholder analysis

The stakeholders of NAFOPHANU range from: government Ministries, Departments and Agencies (MDAs) including – Ministry of Health (MoH), local governments and UAC; development partners; non-governmental and private sector organisations; PLHIV national networks and district forums; and the individual PLHIV and their households. The stakeholder analysis in table 6 below highlights the interests of the different stakeholders and draws attention to what NAFOPHANU can do to satisfy such interests. The analysis also highlights the expected behaviours from each

stakeholder from the point of view of NAFOPHANU, especially in support of the implementation of this strategic plan.

Table 6: Key stakeholders of NAFOPHANU

#	Key stakeholder	Stakeholder's Value to NAFOPHANU	Expectations from NAFOPHANU	NAFOPHANU'S response to the stakeholder expectation
1	Funders	Provide funding and/or technical assistance to NAFOPHANU	• Transparency and accountability • Prudent allocation and utilisation of funds	• Strengthen financial management systems
2	National networks	They implement on behalf of NAFOPHANU	• To mobilise resources on their behalf • Technical support • Provide overall coordination	• NAFOPHANU is housing some Networks • Mobilised resources for some Networks • Provided overall coordination
3	District forums	• Implement programmes on behalf of NAFOPHANU • Coordinate at the district level	• Resources • Technical support • Recognition from NAFOPHANU	• Provide resources to some forums • Capacity building • Enabled them to participate in the governance of NAFOPHANU
4	PLHIV and their households	• Make up NAFOPHANU membership • Raise issues that form our advocacy agenda	• Expect NAFOPHANU to advocate on their behalf • Economic empowerment • Enabling access to services	• Advocate for their needs • Mobilise resources to support them • Link them to access services from various service providers • Engage service providers to provide services
5	UAC	• Provide funds and logistical support • Provide technical support • Coordinate the HIV&AIDS response	• A well-coordinated SCE providing data and information • Input into policies and guidelines on HIV&AIDS response • Help to enhance their visibility	• Contribute to policy development on HIV&AIDS • Coordinate the response on the PLHIV constituency • Contribute to their visibility • Provide reports and feedback from the PLHIV constituency
6	Local governments	• Provide office space to district forums • Provide technical support • Coordinate the decentralised response • Provide resources for HIV&AIDS interventions at the district level	• Bring together PLHIV • Benchmark and replicate best practices on the HIV&AIDS response • Mobilise resources	• Establish structures for PLHIV • Provide resources • Participate in coordination meetings • Provide technical support

#	Key stakeholder	Stakeholder's Value to NAFOPHANU	Expectations from NAFOPHANU	NAFOPHANU'S response to the stakeholder expectation
7	Line ministries, departments and agencies	• Provide ART and other medical care services to PLHIV • Provide condoms • Provide technical support • Provide policy and guidelines on the HIV&AIDS response • Provide IEC • Work with partners	• A well-coordinated forum of PLHIV acting as a hub for PLHIV specific information • Expect to be part of our coordination processes • Expect us to contribute to their processes • Advocacy on their behalf	• Develop a well organised PLHIV structure • Participate in their programmes • Provide PLHIV specific data and information • Provide a link to other PLHIV structures
8	Parliament of Uganda	• Provide a conducive legal framework for the HIV&AIDS response • Advocate for HIV&AIDS response • Allocate resources for the HIV&AIDS response • Ensure accountability for resources	• Contribute to formulation of legal frameworks on HIV&AIDS • Provide input to their advocacy efforts	• Provide PLHIV specific data and information • Operate within established legal framework
9	CSOs – national and international	• Joint advocacy • Joint implementation • Provide resources and logistical support • Provide technical support	• Joint planning • Joint advocacy • Joint implementation • Provide resources and logistical support • Provide technical support • Organise structures of PLHIV	• Participate in partner meetings • Proper allocation of funds • Provide data and information • Strengthen PLHIV networks • Enhance their visibility
10	The Media	• Provides a channel for disseminating HIV&AIDS data and information to the public	• To be invited and involved in NAFOPAHNU activities	• Ensure that the media are involved in NAFOPHANU activities
11	Cultural institutions	• Help pass on HIV&AIDS information to their subjects	• To be invited and involved in NAFOPAHNU activities	• Ensure that cultural institutions are involved in NAFOPHANU activities
12	Faith Based Organisations (FBOs)	• Financial and material support • Psycho-social support • Spiritual support and interpretation i.e. Faith Science • Joint advocacy • Joint implementation	• Joint advocacy • Joint planning • Provision of technical and psycho-social support • Logistical support	• Ensure FBOs are involved in NAFOPHANU activities

4.5 Emerging issues

The above external and internal analyses highlight the following key issues that merit attention from NAFOPHANU:

- Need to increase access and utilization of HIV&AIDS comprehensive services by PLHIV in line with the national response;
- Need to strengthen social support mechanisms for PLHIV so that they can live productive and sustainable lives;
- Need to strengthen partnerships at all levels so as to provide a coordinated, efficient and well-resourced national response to HIV&AIDS;
- Need to strengthen and streamline the PLHIV structures at all levels so that they can play a meaningful role towards the fight against HIV&AIDS;
- Need to strengthen the organisational capacity of NAFOPHANU not only to coordinate the efforts of the PLHIV constituency but also to engage stakeholders at all levels for improved HIV&AIDS service delivery

NAFOPHANU's response to these and other issues form the bedrock of this strategic plan as outlined in the strategic direction below.

5.0 STRATEGIC DIRECTION

5.1 Revised Mandate of NAFOPHANU

The revised mandate of NAFOPHANU includes:

i. Provide a systematic and all-inclusive coordination structure for PLHIV district forums and National networks and play a policy and decision making role in the various programmatic and policy forums of HIV&AIDS and other related issues;
ii. Continue strengthening capacity of the PLHIV district forums and National networks for advocacy, service delivery in the HIV & AIDS responses;
iii. Identify and exploit opportunities for collaboration with SCEs, Local Governments and other stakeholders as a mechanism to implement the Greater/Meaningful Involvement of Persons Living with HIV/AIDS (G/MIPA) mandate;
iv. Provide a systematic forum for peer support, sharing experiences and lessons learnt among Psycho social Support Group members and individuals; and
v. Strengthen HIV & AIDS related information generation, documentation and dissemination.
vi. Engage in evidence based programming that takes into consideration gender, disability and other key population groups, respect for human rights and the environment

5.2 Vision of NAFOPHANU

People living with HIV able to live a quality and productive life in a sustainable manner

5.3 Mission of NAFOPHANU

To spearhead and coordinate the efforts of PLHIV to live productively and effectively contribute to the national HIV&AIDS response

5.4 NAFOPHANU's core values

Positive Living: NAFOPHANU shall encourage PLHIV to act responsibly and adopt a health seeking behaviour, while adhering to whatever treatment that have been put on. PLHIV will be encouraged to explore their potential and make themselves available for any opportunities that may come across their way.

Integrity: the staff, management and board members of NAFOPHANU shall act with utmost truthfulness and transparency while transacting the affairs of the organisation.

Professionalism: the staff, management and board members of NAFOPHANU shall adhere to their various professional standards which performing duties for and on behalf of NAFOPHANU.

Respect for human dignity: in all her dealings, NAFOPHANU shall promote respect for life and for all human beings irrespective of their age, health condition, gender, race, language, and social and economic status.

Affirmative action: NAFOPHANU being a national forum for PLHIV shall promote foremost, the interests of PLHIV and will provide opportunities for qualified and competent PLHIV.

Teamwork: NAFOPHANU shall focus on team development amongst her staff and members and shall do everything possible to promote team work, inter- and intra-functional collaboration and shall recognise successful team efforts.

The above values are summarised using the acronym 'PIPRAT' for ease of memorisation.

5.5 Strategic Pillars, Objectives and Strategies

This strategic plan is comprised of three pillars focussing on improving the welfare of PLHIV, strengthening member networks, and enhancing organisational capacity (critical enablers).

Strategic Pillar 1: PLHIV Welfare

Strategic Objective 1: Enhance access and utilization of comprehensive services by PLHIV for improved quality of life

Strategic actions:

1.1.1 Put in place mechanisms to strengthen referral linkages that will improve access to services by PLHIV
1.1.2 Advocate and lobby for PLHIV-friendly services to scale up access and utilisation of services by PLHIV
1.1.3 Establish and build capacity of peer-support groups in order to provide support to PLHIV and their families
1.1.4 Promote home-based care programmes for PLHIV and their families
1.1.5 Undertake community engagements so as to mobilise support for HIV&AIDS interventions
1.1.6 Promote eMTCT and paediatric HIV treatment, care and support
1.1.7 Sustain a stigma reduction programme in service provision
1.1.8 Involve Faith Based Organisations (FBOs) and cultural institutions in HIV&AIDS advocacy and stigma reduction
1.1.9 Promote a comprehensive treatment literacy programme on HIV & AIDS
1.1.10 Establish a Counselling Centre

Strategic Objective 2: Enhance sustainable livelihood for PLHIV households

Strategic actions:

1.2.1 Mobilize resources for PLHIV IGAs to enhance incomes and livelihoods
1.2.2 Provide nutritional education to PLHIV households so as to improve their nutritional status
1.2.3 Build capacity of PLHIV households to mobilise resources and manage IGA in a sustainable manner
1.2.4 Promote formation of sustainable saving mechanism for PLHIV to promote savings and investment among PLHIV

Strategic Pillar 2: Strengthening member networks

Strategic Objective 1: Strengthen the capacity of PLHIV structures at all levels for improved coordination, engagement and sustainability

Strategic actions:

2.1.1 Build capacity of national networks and district forums to effectively advocate for Greater and Meaningful Involvement of PLHIV.
2. 1.2 Support the district forums and national networks to establish/ strengthen functional coordination systems and mechanisms
2.1.3 Improve governance and leadership of national networks and district forums

Strategic Objective 2: Strengthen linkages and partnerships between PLHIV and partners at all levels

Strategic actions:

2.2.1 Identify and exploit opportunities for partnerships and collaborations with other stakeholders.
2.2.2Establish effective referral mechanisms to promote coordination and synergy within the PLHIV constituency and other stakeholders

Strategic Pillar 3: Organisational effectiveness

Strategic Objective 1: Improve resource acquisition and management for quality and sustainable programming.

Strategic actions:

3.1.1 Develop and implement strategies for resource mobilisation and diversification
3.1.2 Put in place strong systems for financial management, accountability and reporting
3.1.3 Establish and Operationalise a PLHIV Technical Support Unit to diversify the resource base of NAFOPHANU

Strategic Objective 2: Improve effectiveness and efficiency of NAFOPHANU governance and management

Strategic actions:

3.3.1 Attract, develop and retain staff within the organisation
3.3.2 Put in place systems that ensure effective and efficient organisational performance
3.3.3 Establish mechanisms for sustainability of the secretariat
3.3.4 Put in place mechanisms to ensure proper functioning of NAFOPHANU board

Strategic Objective 4: Strengthen knowledge management at NAFOPHANU

Strategic actions:

3.4.1 Improve the capacity of ICT to facilitate information generation, documentation, communication and dissemination at NAFOPHANU
3.4.2Conduct regular research to inform advocacy, programming and communication on HIV&AIDS related matters
3.4.3Develop an information hub that will act as a point of reference for data and information on HIV&AIDS related matters for evidence based programming
3.4.4 Build capacity of national and district networks to generate, document and utilise data

The strategic framework of NAFOPHANU over the 5 years can be summarised as here below – figure 3.

Figure 3: NAFOPHANU's Strategic Framework 2013-2018

5.6 Critical Success Factors

For successful implementation of the NAFOPHANU strategic plan, attention should be paid to the following factors:

Competent and committed top leadership: NAFOPHANU board and top leadership needs to demonstrate commitment towards the implementation of this strategic plan by allocating adequate resources towards its implementation as well as taking decisions that are consistent with the plan. Top management should also be seen to actively advocate for the alignment of all operational plans and budgets to the strategic plan.

Competent and committed staff that is well motivated: most of the activities in this strategic plan will be directly (or indirectly) implemented by NAFOPHANU staff at different levels of the organisation. Therefore, NAFOPHANU needs to develop consistent and sustainable motivation strategies that keep staff morale high. This also involves being able to attract and retain competent staff that identify with NAFOPHANU values and corporate identity.

Support from PLHIV national networks and district forums: NAFOPHANU needs adequate and consistent support from all PLHIV structures at all levels. Therefore, NAFOPHANU needs to strengthen capacity of all PLHIV structures at all levels and ensure that they are consistently committed to the fights against HIV&AIDS.

Prudent financial management: successful implementation of this plan is contingent upon being able to acquire sufficient financial and other resources. This is also coupled with being able to put in place mechanisms that enable effective allocation, utilisation and accountability of resources.

Strategic partnerships: NAFOPHANU by nature of her operations does not work in isolation. Hence, her success is dependent on being able to identify, pursue and harness partnerships, nationally and internationally, that are critical to the pursuit of her vision and mission.

Competitiveness: NAFOPHANU competes with a number of similar organisations for resources nationally and internationally. NAFOPHANU's success will depend to a large extent on excellence of service delivery (in both design and execution) and being able to act proactively and demonstrative verifiable outcomes and impact.

Transparency and accountability: NAFOPHANU is supported by many partners locally and internationally. NAFOPHANU's success will depend to a large extent on her ability to demonstrate an impeccable track record of transparency and accountability for both resources and results.

6.0 IMPLEMENTATION PLAN AND STRUCTURE

6.1 Implementation Plan

The above strategic actions will be implemented over the 5 years as per Table 7 below. Monitoring processes are embedded within the implementation plan to enable easy tracking of outputs as implementation progresses.

Table 7: 5-Year Implementation Plan

Strategies	Key outputs	Indicators	Means of Verification	Target	Responsible office	Implementation Period (Years)				
						1	2	3	4	5
Strategic Pillar 1: PLHIV welfare										
Strategic Objective 1.1: Improve access and utilization of comprehensive services by PLHIV for improved quality of life										
1.1.1 Put in place mechanisms to strengthen referral linkages at all levels	Referral linkages established and/or strengthened	• No. of organisations in the referral network • No. of PLHIV referred	• Mapping report • District forum reports • National networks reports	TBD	Programme Manager					
1.1.2 Advocate and lobby for PLHIV-friendly services	PLHIV-friendly services strengthened	• No. of PLHIV reporting satisfaction with services	• Client satisfaction survey	At least 80% satisfaction in 100 districts	Advocacy Officer					
1.1.3 Build capacity of peer-support groups in documentation, resource mobilisation, advocacy	Improved capacity of peer-support groups	• Proportion of peer-support groups whose capacity has been built	TBD	At least 80% satisfaction in 100 districts	Programme Manager					
1.1.4 Promote home-based care programmes for PLHIV and their families	Improved home-based care programmes	• No. of districts implementing home-based care services for PLHIV	• District forum reports • National networks reports	• 100 districts • 222,400 households	Livelihood Officer					

Strategies	Key outputs	Indicators	Means of Verification	Target	Responsible office	Implementation Period (Years)				
						1	2	3	4	5
		• No. of PLHIV households reached with home-based care services	• M&E reports							
1.1.5 Undertake community engagements	Increased support of HIV&AIDS interventions by the community	• No. of communities actively supporting HIV&AIDS interventions	• M&E reports • District forum reports • National networks reports	• Communities mobilised in each sub-county in every district	Programme Manager					
1.1.6 Increase paediatric treatment, care and support	More children accessing HIV&AIDS care and support	• No. of children LHIV who are accessing HIV&AIDS care and support	• M&E reports • District forum reports • National networks reports	• TBD	Programme Manager					
1.1.7 Sustain a stigma reduction programme in service provision	Stigma reduced among PLHIV	• No. of PLHIV reporting having faced/suffered stigma	• M&E reports • District forum reports • National networks reports	• TBD	Programme Manager					
1.1.8 Involve FBOs and cultural institutions in HIV&AIDS advocacy and stigma reduction	Increased participation of FBOs and cultural institutions in HIV&AIDS advocacy and stigma reduction	• No. of FBOs and cultural institutions in HIV&AIDS advocacy and stigma reduction	• M&E reports • District forum reports • National networks reports	• TBD	Programme Manager					
1.1.9 Accelerate a comprehensive treatment literacy	Increased adherence to HIV&AIDS	• Adherence levels among PLHIV	• M&E reports • District forum reports	• TBD	Programme Manager					

Strategies	Key outputs	Indicators	Means of Verification	Target	Responsible office	Implementation Period (Years)				
						1	2	3	4	5
	treatment		• National networks reports							
Strategic Objective 1.2: Enhance sustainable livelihood for PLHIV households										
1.2.1 Mobilize resources to boost PLHIV IGAs	Increased resources mobilised to support PLHIV IGAs	• No. of PLHIV households supported with resources to start and/or expand their IGAs	• District forum reports • National networks reports • M&E reports	222,400 households	Programme Development Officer					
1.2.2 Provide nutritional education to PLHIV households	Improved nutritional awareness of PLHIV households	• No. of PLHIV households reporting improved nutritional status	• District forum reports • National networks reports • M&E reports	222,400 households	Livelihood Officer					
1.2.3 Build capacity of PLHIV households in IGA management	Increased capacity of PLHIV to manage their IGAs	• No. of PLHIV households involved in productive IGAs	• District forum reports • National networks reports • M&E reports	222,400 households	Livelihood Officer					
1.2.4 Promote formation of sustainable savings mechanisms for PLHIV	Increased savings by PLHIV	• No. of PLHIV who have joined savings schemes	• District forum reports • National networks reports • M&E reports	222,400 households	Livelihood Officer					
Strategic Pillar 2: Members' networks strength										

Strategies	Key outputs	Indicators	Means of Verification	Target	Responsible office	Implementation Period (Years)				
						1	2	3	4	5
Strategic objective 2.1: Strengthen the capacity of PLHIV structures at all levels for improved coordination										
2.1.1 Build capacity of national networks and district forums so that they can play their roles effectively	• Operational guidelines developed for district forums • District forums and national networks oriented on their roles and responsibilities • Regular AGMs held by district forums and national networks	• Operational guidelines developed for district forums • No. of district forums oriented on their roles and responsibilities • No. of national networks oriented on their roles and responsibilities • No. of district forums holding regular AGMs • No. of national networks holding regular AGMs	• District forum reports • National networks reports • M&E reports	100 districts forums	Programme Manager					
2.1.2 Support the district forums and national networks to establish functional offices	More district forums and national networks with functional offices	• No. of district forums and national networks with functional offices	• District forum reports • National networks reports • M&E reports	100 districts forums	Programme Manager					
2.1.3 Support district forums to establish and strengthen lower level networks	Lower level networks mapped and supported to	• No. of lower level networks mapped • No. of lower	• Mapping report	All lower level networks in 100 districts	Programme Manager					

Strategies	Key outputs	Indicators	Means of Verification	Target	Responsible office	Implementation Period (Years)				
						1	2	3	4	5
	operate	level networks that are functional								
2.1.4 Develop governance capacities of national and district networks	National and district networks with strong governance structures	• No. of networks with functional governance structures • No. of networks holding regular AGMs	• District forum reports • National networks reports • M&E reports	80 district for a (i.e. 80% of them) and 12 national networks	Programme Manager					
Strategic objective 2.2: Strengthen linkages and partnerships between PLHIV and partners at all levels										
2.2.1 Identify and exploit opportunities for partnerships and collaborations at all levels	Strategic partners identified and engaged	• No. of structures signing MoUs with strategic partners • No. of structures working with strategic partners • No. of partners in the districts mapped an inventory developed • No. of meetings held with partners • No. of structures sharing reports with partners	• District forum reports • National networks reports • M&E reports	80 district forums and 12 national networks	Programme Manager					
2.2.2 Establish an effective referral mechanism within and between members and other stakeholders for PLHIV	• Increased number of partners within the referral	• No. of partners referring and receiving PLHIV for better care	• District forum reports • National	TBD	Programme Manager					

Strategies	Key outputs	Indicators	Means of Verification	Target	Responsible office	Implementation Period (Years)				
						1	2	3	4	5
	network • Increased numbers of PLHIV referred for better care	• No. of PLHIV referred for better care	networks reports • M&E reports							
Strategic Pillar 3: Organisational capacity										
Strategic objective 3.1: Enhance resource acquisition and management										
3.1.1 Develop and implement strategies for resource mobilisation and diversification	• Increased resource diversification • Increased revenues generated	• No. of sources for resource mobilisation • Percentage of funding to budgets	• Financial reports	• Membership contribution • Rent • Private sector • Government • Development partners • International organisations • 100% funding for activities	Finance Manager					
3.1.2 Put in place strong systems for financial management, accountability and reporting	Strong systems established for financial management, accountability and reporting	• No. of queries successfully addressed from auditors and funders • No. of reports submitted in time	• Unqualified audit reports • Reporting checklist	• All queries • All reports	Quality Assurance Manager					
Strategic objective 3.2:Strengthen governance of NAFOPHANU										
3.2.1 Put in place mechanisms to ensure proper functioning of NAFOPHANU board	Improved governance of NAFOPHANU	• Proportion of board business accomplished	• Board minutes	• 100% board business accomplished	Board Chairperson and ED					

Strategies	Key outputs	Indicators	Means of Verification	Target	Responsible office	Implementation Period (Years)				
						1	2	3	4	5
		per board work plan • No. of board development programs executed • No. of board evaluations conducted • Proportion of board decisions executed		• One board evaluation annually • 100% board decisions executed						
Strategic objective 3.3:Improve effectiveness and efficiency of NAFOPHANU management										
3.3.1 Attract, maintain and develop a committed workforce	• Improved staffing levels • Reduced staff attrition rate • Improved staff capacity	• Proportion of staffing to establishment • % age of staff achieving desired performance levels • Staff attrition rate • No. of staff benefiting from capacity building programmes	Human resource reports	• 100% of establishment • At least 90% of staff • Less than 1% attrition rate • All staff	Finance & Administration					
3.3.2 Put in place systems that ensure effective and efficient programme delivery	• An effective and efficient programme delivery • Strong	• Level of achievement of targets/results • Proportion of activities	M&E reports	• At least 80% achievement • 100% of activities completed	Programme Manager					

Strategies	Key outputs	Indicators	Means of Verification	Target	Responsible office	Implementation Period (Years)				
						1	2	3	4	5
	management systems and structures	completed on time as per work plan • Proportion of projects achieving desired outcomes and impact • Budget variance Level of functionality of the following systems as measured by OCA: • Internal controls • Human resource management • Audits • M&E systems • Performance management	• Finance reports • OCA report	timely • All projects (100%) achieving desired outcomes and impact • Not exceeding ±10% variance • At least Level 3 rating on OCAT	Finance & Administration Manager and Quality Assurance Manager					
3.3.3 Establish an institutional home for NAFOPHANU	An institutional home for NAFOPHANU established	Institutional home for NAFOPHANU established	Completion certificates	Institutional home established by 3rd year of implementation	Executive Director					
3.3.4 Establish a consultancy team of expert PLHIV	Functional consultancy team of expert PLHIV	• No. and composition of the consultancy	Consultancy team reports	• Consulting team with a good skills	Resource Mobilisation Officer					

Strategies	Key outputs	Indicators	Means of Verification	Target	Responsible office	Implementation Period (Years)				
						1	2	3	4	5
		team of expert PLHIV • No. and size of consulting projects executed		mix established within the first year of implementation • At least 5 projects executed per year by the consultancy team						
3.3.5 Establish a Counselling Centre for the long survivors	Functional Counselling Centre for the long survivors	No. of long survivors accessing counselling services at the Counselling Centre	Counselling Centre reports	Counselling Centre established by 3rd year of implementation	Programme Manager					
Strategic objective 3.4:Strengthen knowledge management at NAFOPHANU										
3.4.1 Acquire and implement strong ICT systems at NAFOPHANU	Required ICT hardware and software acquired	• No. of ICT infrastructure acquired • No. of staff capable of using the assigned ICT infrastructure	• Reports from the database • Training reports on ICT	• Database system • Quarterly Electronic newsletters • All staff using ICT	IT Support Assistant					
3.4.2 Conduct regular research to inform advocacy, programming and communication	Increased research on matters affecting PLHIV	• No. of research projects commissioned • No. of research reports published and/or	• Approved research proposal • Research reports	• At least one research a year	Research & Knowledge Management Officer					

Strategies	Key outputs	Indicators	Means of Verification	Target	Responsible office	Implementation Period (Years)				
						1	2	3	4	5
		disseminated								
3.4.3 Create an informative hub which will act as a reference point for data and information on HIV&AIDS related matters	Functional NAFOPHANU website	• No. of reports and other IEC material uploaded on the website • No. of visitors on the website (hit rate)	• Functional website • Hit rate report	• Fully functional website • At least 50,000 visitors per year	Research & Knowledge Management Officer					
3.4.4 Build capacity of national and district networks to generate and utilise data	Improved capacity of national and district networks to collect, analyse and utilise data	• No. of national and district networks benefiting from data management capacity building interventions • No. of national and district networks able to conduct own research • No. of national and district networks able to utilise data for decision making	• Research reports • Proposals submitted	80 district forums and 12 national networks	Quality Assurance Manager					

6.2 Proposed organisation structure for NAFOPHANU

The organisation structure proposed below is aimed at addressing the current leadership and management challenges that NAFOPHANU is faced with, and at the same time; it is aligned with the revised mandate so that the organisation can make a significant contribution towards enhancing the welfare of PLHIV as well as strengthening the members' structures at all levels.

The structure proposes three departments: Finance & Administration; Programme Management; and Quality Assurance, each headed by a manager. Finance and Administration will be responsible for managing the financial, administrative and human resource function of NAFOPHANU. Programme management will be responsible for programme design, resource mobilisation and implementation and will constitute sections for advocacy, networking & partnerships, livelihood as well as programme development (resource mobilisation). Quality assurance will be responsible for ensuring programme quality (in both design and implementation) and will provide management, the board and key stakeholders with information for decision making through its knowledge management functions: mapping, gathering, and filtering information; developing new knowledge; converting personal knowledge into shared knowledge resources; understanding and learning; adding value to information to create knowledge; enabling action through knowledge (performance and management);processing shared knowledge resources; delivering (transferring) explicit knowledge; and building adequate technical infrastructures. The quality assurance department will constitute M&E as well as research and knowledge management.

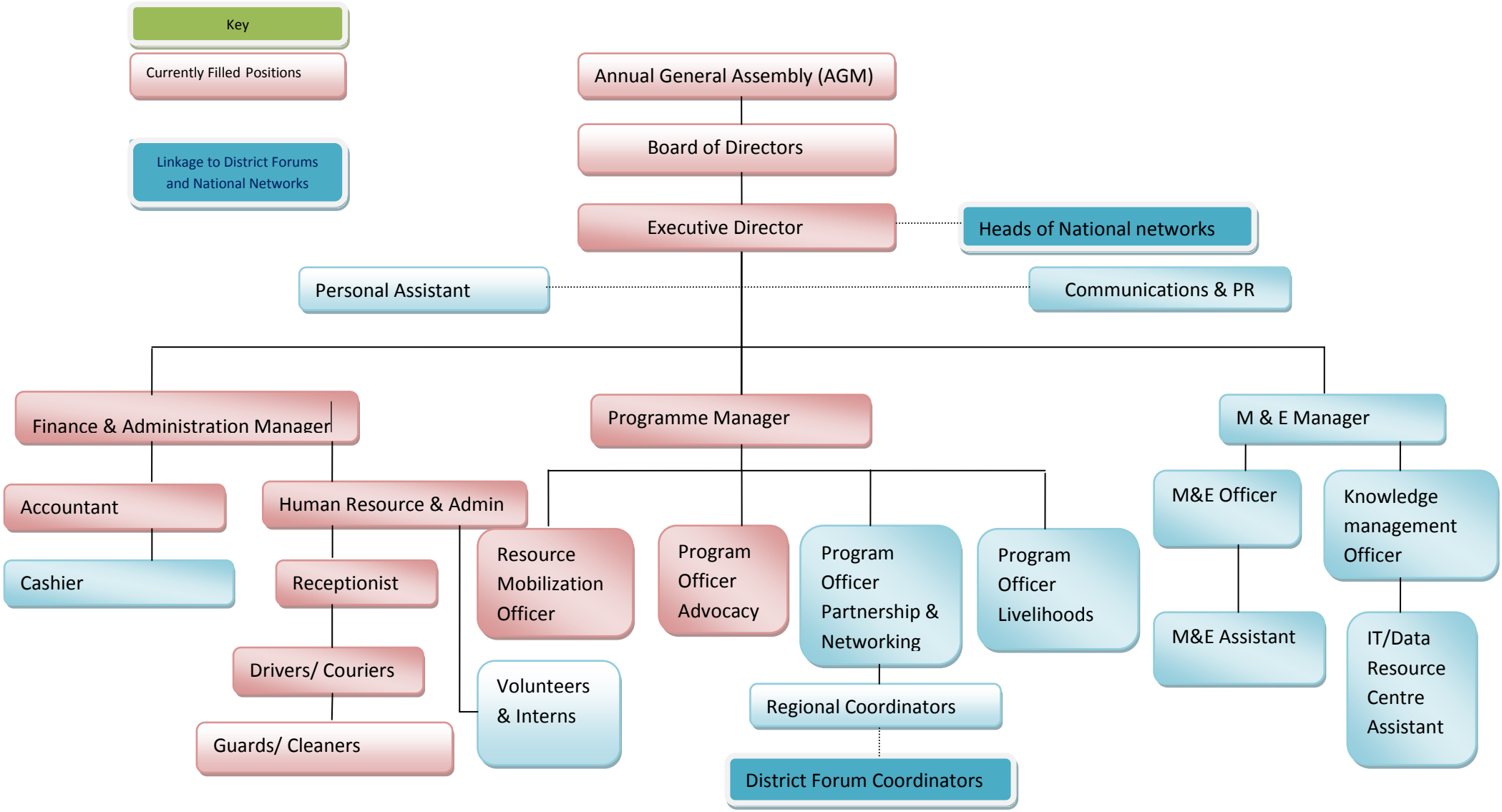
The proposed structure also seeks to strengthen the Executive Director (ED)'s office to allow it focus on strategic aspects of the organisation including public relations and partnerships. To this end, 2 new positions of Personal Assistant and Communications & Public Relations Officer are proposed under the ED's office.

This structure is aimed at improving NAFOPHANU's management efficiency and effectiveness through promotion of separation of duties, pro-activeness, focus on the core business through evidence-based programming, as well as providing for adequate support functions.

With this new structure, 11 new positions will be introduced to the existing 11 positions. This structure has implications on staffing costs. However, it is anticipated that with programme management focussing efforts on programme design and management and being supported by quality assurance and the strengthened ED's office, resource mobilisation and partnerships will be scaled up.

All the above functions are summarised in figure 4 below.

Figure 4: Organisation Structure for NAFOPHANU



7.0 MONITORING AND EVALUATION FRAMEWORK

The monitoring and evaluation framework that highlights the results to be achieved in the core business areas is contained in table 8 below.

Table 8: NAFOPHANU's Monitoring and Evaluation Framework

Core Strategic Objectives	Desired Results	Performance Indicators	Baseline	Targets	Frequency of Measurement	Means of Verification	Key assumptions
Improve access and utilization of comprehensive services by PLHIV for improved quality of life	Increased access to comprehensive services by PLHIV and their household members	No. of PLHIV accessing comprehensive services[5]	TBD	TBD	Quarterly	• PLHIV database • Reports from partners	• Provided adequate funding is available from all stakeholders for HIV&AIDS service delivery • Provided PLHIV come out and test in health facilities and also register with the PLHIV networks • Provided PLHIV networks and forums capture accurate, complete and timey data about PLHIV in their jurisdictions
		No. of PLHIV household members accessing home-based care services	TBD	TBD	Quarterly		
		No. of children LHIV accessing HIV&AIDS services	TBD	TBD	Quarterly		
	Increased uptake of comprehensive services by PLHIV	No. of people who test HIV+ enrolled for services	577,024 (25% children, 75% adults)	461,619[6] (25% children, 75% adults)	Quarterly		
		Proportion of PLHIV retained in care, treatment and support services	489,656	391,725[7]	Quarterly		
	Reduced stigma among PLHIV	No. of PLHIV reporting having suffered any form of	TBD	TBD	Quarterly	Sigma index survey reports	Resources available for regular stigma index

[5]List of comprehensive services includes: 1. HIV Counseling and Testing (HCT); 2. Septrin prophylaxis; 3. Opportunistic Infection (OI) management; 4. Anti-Retroviral Therapy (ART); 5. Post Exposure Prophylaxis (PEP); 6. Prevention of Mother-to-Child Transmission (PMTCT); 7. Early Infant Diagnosis services (EID); 8. TB management; 9. Family Planning services; 10. STI management; 11. Cervical Cancer screening services; 12. Condom distribution; 13. Safe Male Circumcision (SMC); 14. OVC services; 15. Nutrition services

[6]This target is 80% of those who test positive (i.e. 577,024 people according to UAC)

[7]This target is 80% of PLHIV who are enrolled for ART (i.e. 489,656 people according to MoH figures as at by March 2013)

Core Strategic Objectives	Desired Results	Performance Indicators	Baseline	Targets	Frequency of Measurement	Means of Verification	Key assumptions
		stigma					surveys
	Increased adherence to HIV&AIDS treatment	Adherence levels among PLHIV	TBD	TBD	Quarterly	• Reports from structures • Feedback from PLHIV	PLHIV willing to disclose their drug adherence habits
Enhance sustainable livelihood for PLHIV households	Improved food security of PLHIV households	No. of PLHIV households eating at least two balanced diet meals a day	278,000	222,400[8]	Quarterly	• Reports from structures • Feedback from PLHIV	• PLHIV are able to access socio-economic programmes without any form of discrimination
	Increased incomes and savings of PLHIV	Proportion of PLHIV households reporting increased income	278,000	222,400	Quarterly		
		No. of PLHIV households who are active members of co-save/VSLAs	TBD	TBD	Quarterly		• Provided PLHIV accept to voluntary join and commit to savings mechanisms
Strengthen the capacity of PLHIV structures at all levels for improved coordination	Functional PLHIV structures at all levels	No. of structures submitting regular and comprehensive reports	100 district forums and 12 national networks	80[9] district forums and 12 national networks	Quarterly	Reports from structures	• Provided PLHIV networks and forums capture accurate, complete and timey data about their members and their activities and submit complete and reliable reports regularly to the Secretariat
		No. of structures adhering to standard operational guidelines	100 district forums and 12 national networks	80 district forums and 12 national networks	Quarterly	Support supervision reports	
		No. of structures mobilising their own resources	100 district forums and 12 national networks	80 district forums and 12 national networks	Quarterly	Reports from structures	

[8]This figure is calculated using an average of 5 people per household for each PLHIV, and the target is to reach 80% of these households
[9]This figure is 80% of the 100 district forums

Core Strategic Objectives	Desired Results	Performance Indicators	Baseline	Targets	Frequency of Measurement	Means of Verification	Key assumptions
		No. of lower level structures that are active	500	400[10]	Quarterly	Reports from structures	
	Improved coordination of PLHIV structures at all levels	No. of structures reporting participation in coordination events[11]	100 district forums and 12 national networks	80 district forums and 12 national networks	Quarterly	Reports from structures	
Strengthen linkages and partnerships between PLHIV and partners at all levels	Increased scope of service delivery for PLHIV	No. of structures that are working with at least one strategic partner	100 district forums and 13 national networks	80 district forums and 13 national networks	Quarterly	Reports from structures	
		No. of structures reporting increased scope of services	100 district forums and 13 national networks	80 district forums and 13 national networks	Quarterly		
	Increased referrals and linkages for PLHIV	Proportion of successful referrals made	20%	80%	Quarterly	• Referral reports from partners • Feedback from PLHIV	• PLHIV who have been referred reach the referral centres and provide timely feedback to the referring agency • Service providers are able to keep accurate and reliable data on referrals and are willing to share these with district forums and national networks

[10]This figure is targeting 80% of the 500 lower district structures. Assumption is that each district forum has an average of 5 lower structures.
[11]Meetings, annual general meetings (AGM), sharing of information, joint planning, joint implementation, support supervision, etc.

8.0 PROJECTED BUDGET FOR IMPLEMENTATION

In order to implement this strategic plan, resources are required to finance strategic actions and their attendant tasks. The projected implementation budget provides a forecast of costs required to implement the strategic plan. Specific financial commitments for individual activities shall be reviewed and determined on an annual basis based on available resources, and subject to Board of Directors review and approval. The projected budget areas include: programme costs, staffing costs and procurements for goods and services. In the computation of costs, salaries for staff and all other costs are expected to rise by 10% each year to cater for costs of living and inflation.

Table 9 below summaries these costs per strategic objective.

Table 9: Summary of the Projected Budget for Implementation

Strategic objectives	Projected Budget over the Implementation Period (Years)				
	Year 1 (Ush '000')	Year 2 (Ush '000')	Year 3 (Ush '000')	Year 4 (Ush '000')	Year 5 (Ush '000')
Pillar 1: PLHIV welfare					
1.1 Improve access and utilization of comprehensive services by PLHIV for improved quality of life	1,268,730	1,270,995	1,446,540	1,502,085	1,617,630
1.2 Enhance sustainable livelihood for PLHIV households	127,900	34,980	38,160	41,340	44,520
Pillar 2: Members' networks strength					
2.1 Strengthen the capacity of PLHIV structures at all levels for improved coordination	408,000	132,000	144,000	156,000	168,000
2.2 Strengthen linkages and partnerships between PLHIV and partners at all levels	4,000	4,400	4,980	5,200	5,600
Pillar 3: Organisational capacity					
3.1 Improve resource acquisition and management	31,100	21,010	22,920	24,830	26,740
3.2 Strengthen governance of NAFOPHANU	32,860	36,146	39,432	42,718	46,004
3.3 Improve effectiveness and efficiency of management	700,900	762,740	832,080	901,420	970,760
3.4 Strengthen knowledge management at NAFOPHANU	22,900	18,590	20,280	21,970	23,660
Total projected implementation costs	**2,596,390**	**2,280,861**	**2,548,392**	**2,695,563**	**2,902,914**
Other recurrent costs					